



STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

3RD QUARTER – AUGUST 2021

KWBY – 940 AM

The following public service announcements on the attached sheet were aired during the period AUGUST 1st to AUGUST 31ST 2021 on the station indicated. All Public Service and Public Affairs programs were aired on the stations listed above.

A handwritten signature in blue ink that reads 'Chitralekha Gade'.

Chitralekha Gade
Director of Administration

KWBX 940AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 21080408
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2021	03:40 PM	:30	PSA	VYSJ0475000H	0.00
8/1/2021	03:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/1/2021	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/2/2021	07:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/2/2021	08:40 AM	:30	PSA	CNFF0635000	0.00
8/2/2021	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/3/2021	07:40 AM	:30	PSA	SARM0240000	0.00
8/3/2021	10:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/3/2021	01:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 RADIO	0.00
8/4/2021	02:40 PM	:30	PSA	VYSJ0475000H	0.00
8/4/2021	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/4/2021	04:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/5/2021	07:40 AM	:30	PSA	SARM0240000	0.00
8/5/2021	10:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/5/2021	05:40 PM	:30	PSA	CNFF0635000	0.00
8/6/2021	12:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/6/2021	03:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 RADIO	0.00
8/6/2021	06:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/7/2021	06:40 AM	:30	PSA	VYSJ0475000H	0.00
8/7/2021	09:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/7/2021	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/8/2021	01:40 PM	:30	PSA	SARM0240000	0.00
8/8/2021	02:40 PM	:30	PSA	CNFF0635000	0.00
8/8/2021	03:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 RADIO	0.00
8/9/2021	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/9/2021	09:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/9/2021	03:40 PM	:30	PSA	VYSJ0475000H	0.00
8/10/2021	12:40 PM	:30	PSA	CNFF0635000	0.00
8/10/2021	04:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
8/10/2021	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/11/2021	02:40 PM	:30	PSA	SARM0240000	0.00
8/11/2021	06:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 RADIO	0.00
8/11/2021	07:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/12/2021	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/12/2021	05:40 PM	:30	PSA	VYSJ0475000H	0.00
8/12/2021	06:40 PM	:30	PSA	DISTRACTED DRIVING	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Continued

STATE OF: OREGON
 COUNTY OF: _____
 Subscribed and sworn before me this ____ day of _____
 _____, NOTARY PUBLIC

KWBX 940AM Invoice

Invoice ID: 21080408
 Invoice Date: 8/31/2021

Sponsor: PSA- S
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/13/2021	06:40 AM	:30	PSA	CNFF0635000	0.00
8/13/2021	10:40 AM	:30	PSA	SARM0240000	0.00
8/13/2021	11:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/14/2021	12:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/14/2021	01:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/14/2021	03:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 R	0.00
8/15/2021	07:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/15/2021	12:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/15/2021	07:40 PM	:30	PSA	VYSJ0475000H	0.00
8/16/2021	09:40 AM	:30	PSA	CNFF0635000	0.00
8/16/2021	04:40 PM	:30	PSA	SARM0240000	0.00
8/16/2021	05:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 R	0.00
8/17/2021	06:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/17/2021	10:40 AM	:30	PSA	VYSJ0475000H	0.00
8/17/2021	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/18/2021	07:40 AM	:30	PSA	CNFF0635000	0.00
8/18/2021	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/18/2021	02:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
8/19/2021	12:40 PM	:30	PSA	SARM0240000	0.00
8/19/2021	02:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/19/2021	06:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 R	0.00
8/20/2021	10:40 AM	:30	PSA	VYSJ0475000H	0.00
8/20/2021	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/20/2021	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/21/2021	09:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/21/2021	11:40 AM	:30	PSA	CNFF0635000	0.00
8/21/2021	03:40 PM	:30	PSA	SARM0240000	0.00
8/22/2021	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/22/2021	04:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/22/2021	05:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 R	0.00
8/23/2021	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/23/2021	02:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
8/23/2021	02:40 PM	:30	PSA	VYSJ0475000H	0.00
8/24/2021	08:40 AM	:30	PSA	CNFF0635000	0.00
8/24/2021	11:40 AM	:30	PSA	SARM0240000	0.00
8/24/2021	05:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 R	0.00
8/25/2021	04:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/25/2021	06:40 PM	:30	PSA	VYSJ0475000H	0.00
8/25/2021	08:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/26/2021	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/26/2021	08:40 AM	:30	PSA	CNFF0635000	0.00
8/26/2021	12:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
8/27/2021	10:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/27/2021	01:40 PM	:30	PSA	SARM0240000	0.00
8/27/2021	05:40 PM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 R	0.00
8/28/2021	07:40 AM	:30	PSA	VYSJ0475000H	0.00
8/28/2021	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/28/2021	04:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/29/2021	07:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/29/2021	12:40 PM	:30	PSA	SARM0240000	0.00
8/29/2021	03:40 PM	:30	PSA	CNFF0635000	0.00
8/30/2021	10:40 AM	:30	PSA	TSD-ODOT_SIN ACCIDENTE 30 R	0.00

Continued

KWBY 940AM Invoice

Invoice ID: 21080408

Invoice Date: 8/31/2021

Page 3

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/30/2021	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/30/2021	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/31/2021	08:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
8/31/2021	10:40 AM	:30	PSA	VYSJ0475000H	0.00
8/31/2021	02:40 PM	:30	PSA	DISTRACTED DRIVING	0.00

93 Total Items

Total Cost:

0.00

Amount Due: 0.00

KWBY 940AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 21080417
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-353
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S ENDING HUNGER for P.O./Estimate # ENDING HUNGER
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2021	09:40 AM	:60	PSA	CNFA1108000	0.00
8/2/2021	01:40 PM	:60	PSA	CNFA1108000	0.00
8/3/2021	06:20 PM	:30	PSA	CNFA1107000	0.00
8/4/2021	01:40 PM	:60	PSA	CNFA1108000	0.00
8/5/2021	04:40 PM	:30	PSA	CNFA1107000	0.00
8/6/2021	08:40 AM	:60	PSA	CNFA1108000	0.00
8/7/2021	11:40 AM	:30	PSA	CNFA1107000	0.00
8/8/2021	06:40 AM	:60	PSA	CNFA1108000	0.00
8/9/2021	01:40 PM	:60	PSA	CNFA1108000	0.00
8/10/2021	01:40 PM	:30	PSA	CNFA1107000	0.00
8/11/2021	02:40 PM	:60	PSA	CNFA1108000	0.00
8/12/2021	07:40 PM	:30	PSA	CNFA1107000	0.00
8/13/2021	03:40 PM	:60	PSA	CNFA1108000	0.00
8/14/2021	12:40 PM	:30	PSA	CNFA1107000	0.00
8/15/2021	03:40 PM	:60	PSA	CNFA1108000	0.00
8/16/2021	11:40 AM	:60	PSA	CNFA1108000	0.00
8/17/2021	12:40 PM	:30	PSA	CNFA1107000	0.00
8/18/2021	08:40 AM	:60	PSA	CNFA1108000	0.00
8/19/2021	12:40 PM	:30	PSA	CNFA1107000	0.00
8/20/2021	05:40 PM	:60	PSA	CNFA1108000	0.00
8/21/2021	04:40 PM	:30	PSA	CNFA1107000	0.00
8/22/2021	02:40 PM	:60	PSA	CNFA1108000	0.00
8/23/2021	11:40 AM	:60	PSA	CNFA1108000	0.00
8/24/2021	01:40 PM	:30	PSA	CNFA1107000	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Continued

STATE OF: OREGON
 COUNTY OF: _____
 Subscribed and sworn before me this ____ day of _____
 _____, NOTARY PUBLIC

KWBX 940AM Invoice

Invoice ID: 21080417
Invoice Date: 8/31/2021

Sponsor: PSA- S / PSA- S ENDING HUNGER for P.O./Estimate # ENDING HUNGER
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/25/2021	07:40 AM	:60	PSA	CNFA1108000	0.00
8/26/2021	03:40 PM	:30	PSA	CNFA1107000	0.00
8/27/2021	06:40 AM	:60	PSA	CNFA1108000	0.00
8/28/2021	02:40 PM	:30	PSA	CNFA1107000	0.00
8/29/2021	03:40 PM	:60	PSA	CNFA1108000	0.00
8/30/2021	12:40 PM	:60	PSA	CNFA1108000	0.00
8/31/2021	06:40 PM	:30	PSA	CNFA1107000	0.00

31 Total Items

Total Cost:

0.00

Amount Due: 0.00

KWBX 940AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 21080421
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-361
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S AMERICAN HEAR for P.O./Estimate # DON'T DIE OF DOUBT
 PSA- S AMERICAN HEART ASSOCIATION

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2021	07:40 AM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/4/2021	03:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/6/2021	12:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/8/2021	12:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/11/2021	09:40 AM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/13/2021	02:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/15/2021	11:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/18/2021	03:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/20/2021	08:40 AM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/22/2021	10:40 AM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/25/2021	01:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/27/2021	12:40 PM	:30	PSA	DON'T DIE OF DOUBT	0.00
8/29/2021	06:40 AM	:30	PSA	DON'T DIE OF DOUBT	0.00
13 Total Items				Total Cost:	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Amount Due: **0.00**

STATE OF OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____
 _____, NOTARY PUBLIC

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080425
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-366
 Account Rep: HOUSE ACCOUNTS/ AM/

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S EDAD Y SABIDU for P.O./Estimate # EDAD Y SABIDURIA
 PSA- S EDAD Y SABIDURIA ODOT SAFE DRIVING PSA

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/2/2021	11:40 AM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/4/2021	07:40 PM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/9/2021	03:40 PM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/11/2021	04:40 PM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/16/2021	11:40 AM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/18/2021	04:40 PM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/23/2021	09:40 AM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/25/2021	02:40 PM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00
8/30/2021	02:40 PM	:30	PSA	AGING ROAD USERS_EDAD Y SABIDU	0.00

9 Total Items

Total Cost:

0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official
 Station Logs, announcements were broadcast as shown on this invoice _____

Amount Due: 0.00

STATE OF OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____

_____, NOTARY PUBLIC

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080429
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-368
 Account Rep: HOUSE ACCOUNTS/ AM

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S DEPARTMENT OF for P.O./Estimate # SAFE AT HOME COMBINED/HOMELESSNESS
 PSA- S DEPARTMENT OF VETERANS AFFAIRS

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/3/2021	08:40 AM	:30	PSA	VAHOME30SPRA	0.00
8/5/2021	09:40 AM	:15	PSA	ZPLWVA00515	0.00
8/7/2021	03:40 PM	:15	PSA	ZPLWVA00515	0.00
8/10/2021	08:40 AM	:15	PSA	ZPLWVA00515	0.00
8/12/2021	04:40 PM	:15	PSA	ZPLWVA00515	0.00
8/14/2021	04:40 PM	:15	PSA	ZPLWVA00515	0.00
8/17/2021	06:40 PM	:15	PSA	ZPLWVA00515	0.00
8/19/2021	09:40 AM	:15	PSA	ZPLWVA00515	0.00
8/21/2021	08:40 PM	:15	PSA	ZPLWVA00515	0.00
8/24/2021	06:40 PM	:15	PSA	ZPLWVA00515	0.00
8/26/2021	08:40 AM	:15	PSA	ZPLWVA00515	0.00
8/28/2021	01:40 PM	:15	PSA	ZPLWVA00515	0.00
8/31/2021	06:40 PM	:15	PSA	ZPLWVA00515	0.00
13 Total Items				Total Cost:	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Amount Due: **0.00**

STATE OF: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080434
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-372
 Account Rep: HOUSE ACCOUNTS/ AM.

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S DISCOVERING N for P.O./Estimate # DISCOVER THE FOREST
 PSA- S DISCOVERING NATURE

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/3/2021	06:40 PM	:30	PSA	CNFT0480000	0.00
8/5/2021	09:40 AM	:30	PSA	CNFT0480000	0.00
8/7/2021	02:40 PM	:30	PSA	CNFT0480000	0.00
8/10/2021	10:40 AM	:30	PSA	CNFT0480000	0.00
8/12/2021	12:40 PM	:30	PSA	CNFT0480000	0.00
8/14/2021	02:40 PM	:30	PSA	CNFT0480000	0.00
8/17/2021	11:40 AM	:30	PSA	CNFT0480000	0.00
8/19/2021	10:40 AM	:30	PSA	CNFT0480000	0.00
8/21/2021	05:40 PM	:30	PSA	CNFT0480000	0.00
8/24/2021	01:40 PM	:30	PSA	CNFT0480000	0.00
8/26/2021	01:40 PM	:30	PSA	CNFT0480000	0.00
8/28/2021	11:40 AM	:30	PSA	CNFT0480000	0.00
8/31/2021	01:40 PM	:30	PSA	CNFT0480000	0.00
13 Total Items				Total Cost:	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Amount Due: **0.00**

STATE OF: OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____

_____, NOTARY PUBLIC

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080438
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-373
 Account Rep: HOUSE ACCOUNTS/ AM.

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
 PSA- S COVID-19 VACCINE EDUCATION

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2021	08:40 AM	:15	PSA	CNVE0168000	0.00
8/1/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/1/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/1/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
8/1/2021	05:40 PM	:60	PSA	CNVE0811000	0.00
8/2/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/2/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
8/2/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
8/2/2021	03:40 PM	:60	PSA	CNVE0811000	0.00
8/2/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
8/3/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/3/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
8/3/2021	02:40 PM	:60	PSA	CNVE0811000	0.00
8/3/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
8/3/2021	06:20 PM	:15	PSA	CNVE0168000	0.00
8/4/2021	07:40 AM	:60	PSA	CNVE0811000	0.00
8/4/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
8/4/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/4/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
8/4/2021	06:40 PM	:30	PSA	CNVE0809000	0.00
8/5/2021	06:40 AM	:60	PSA	CNVE0811000	0.00
8/5/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/5/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
8/5/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/5/2021	05:20 PM	:15	PSA	CNVE0168000	0.00
8/6/2021	09:40 AM	:60	PSA	CNVE0811000	0.00
8/6/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/6/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/6/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
8/6/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
8/7/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
8/7/2021	12:40 PM	:15	PSA	CNVE0168000	0.00
8/7/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/7/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
8/7/2021	06:40 PM	:60	PSA	CNVE0811000	0.00
8/8/2021	08:40 AM	:15	PSA	CNVE0168000	0.00
8/8/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/8/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/8/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
8/8/2021	05:40 PM	:60	PSA	CNVE0811000	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Continued

STATE OF: OREGON
 COUNTY OF: _____
 Subscribed and sworn before me this ____ day of _____
 _____ NOTARY PUBLIC

KWBY 940AM Invoice

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
 PSA- S COVID-19 VACCINE EDUCATION

Invoice ID: 21080438
 Invoice Date: 8/31/2021

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/9/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
8/9/2021	11:40 AM	:60	PSA	CNVE0811000	0.00
8/9/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
8/9/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/9/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
8/10/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/10/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
8/10/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/10/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
8/10/2021	06:40 PM	:60	PSA	CNVE0811000	0.00
8/11/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
8/11/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/11/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/11/2021	05:40 PM	:60	PSA	CNVE0811000	0.00
8/11/2021	09:20 PM	:15	PSA	CNVE0168000	0.00
8/12/2021	07:40 AM	:15	PSA	CNVE0168000	0.00
8/12/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/12/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/12/2021	03:40 PM	:60	PSA	CNVE0811000	0.00
8/12/2021	07:40 PM	:30	PSA	CNVE0809000	0.00
8/13/2021	07:40 AM	:15	PSA	CNVE0168000	0.00
8/13/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
8/13/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
8/13/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/13/2021	04:40 PM	:60	PSA	CNVE0811000	0.00
8/14/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/14/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/14/2021	11:40 AM	:15	PSA	CNVE0168000	0.00
8/14/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/14/2021	06:40 PM	:60	PSA	CNVE0811000	0.00
8/15/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/15/2021	11:40 AM	:60	PSA	CNVE0811000	0.00
8/15/2021	01:40 PM	:15	PSA	CNVE0168000	0.00
8/15/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
8/15/2021	09:40 PM	:30	PSA	CNVE0809000	0.00
8/16/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/16/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
8/16/2021	12:40 PM	:15	PSA	CNVE0168000	0.00
8/16/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/16/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
8/17/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
8/17/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
8/17/2021	11:40 AM	:15	PSA	CNVE0168000	0.00
8/17/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
8/17/2021	04:40 PM	:60	PSA	CNVE0811000	0.00
8/18/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/18/2021	09:40 AM	:15	PSA	CNVE0168000	0.00
8/18/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/18/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
8/18/2021	06:40 PM	:60	PSA	CNVE0811000	0.00
8/19/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
8/19/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/19/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/19/2021	02:40 PM	:60	PSA	CNVE0811000	0.00
8/19/2021	03:40 PM	:15	PSA	CNVE0168000	0.00
8/20/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
8/20/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
8/20/2021	01:40 PM	:60	PSA	CNVE0811000	0.00

Continued

KWBV 940AM Invoice

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
 PSA- S COVID-19 VACCINE EDUCATION

Invoice ID: 21080438
 Invoice Date: 8/31/2021

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/20/2021	02:40 PM	:15	PSA	CNVE0168000	0.00
8/20/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
8/21/2021	07:40 AM	:60	PSA	CNVE0811000	0.00
8/21/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
8/21/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/21/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
8/21/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
8/22/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
8/22/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
8/22/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
8/22/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
8/22/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
8/23/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
8/23/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
8/23/2021	01:40 PM	:60	PSA	CNVE0811000	0.00
8/23/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
8/23/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
8/24/2021	06:40 AM	:60	PSA	CNVE0811000	0.00
8/24/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
8/24/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/24/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/24/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
8/25/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
8/25/2021	11:40 AM	:60	PSA	CNVE0811000	0.00
8/25/2021	03:40 PM	:15	PSA	CNVE0168000	0.00
8/25/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
8/25/2021	08:40 PM	:30	PSA	CNVE0809000	0.00
8/26/2021	09:40 AM	:60	PSA	CNVE0811000	0.00
8/26/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/26/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
8/26/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
8/26/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
8/27/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
8/27/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/27/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
8/27/2021	05:40 PM	:60	PSA	CNVE0811000	0.00
8/27/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
8/28/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
8/28/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
8/28/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/28/2021	03:40 PM	:15	PSA	CNVE0168000	0.00
8/28/2021	05:40 PM	:60	PSA	CNVE0811000	0.00
8/29/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
8/29/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
8/29/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
8/29/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
8/29/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
8/30/2021	10:40 AM	:15	PSA	CNVE0168000	0.00
8/30/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
8/30/2021	02:40 PM	:60	PSA	CNVE0811000	0.00
8/30/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
8/30/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
8/31/2021	06:40 AM	:60	PSA	CNVE0811000	0.00
8/31/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
8/31/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
8/31/2021	05:40 PM	:30	PSA	CNVE0809000	0.00

154 Total Items

Total Cost: 0.00

Amount Due: 0.00

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080444
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AM

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
 PSA- S FRASES EN EL TIEMPO

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2021	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/2/2021	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/3/2021	05:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
8/4/2021	10:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/5/2021	10:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
8/6/2021	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/7/2021	11:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
8/8/2021	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/9/2021	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/10/2021	07:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
8/11/2021	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/12/2021	09:20 PM	:15	PSA	FRASES BUSTOS 4	0.00
8/13/2021	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/14/2021	01:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
8/15/2021	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/16/2021	04:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/17/2021	07:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
8/18/2021	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/19/2021	02:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
8/20/2021	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/21/2021	01:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
8/22/2021	10:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/23/2021	06:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/24/2021	06:40 PM	:15	PSA	FRASES BUSTOS 4	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Continued

STATE OF OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____

_____, NOTARY PUBLIC

KWBY 940AM Invoice

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
PSA- S FRASES EN EL TIEMPO

Invoice ID: 21080444
Invoice Date: 8/31/2021

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/25/2021	05:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/26/2021	11:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
8/27/2021	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/28/2021	02:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
8/29/2021	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/30/2021	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/31/2021	02:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
31 Total Items				Total Cost:	0.00

Amount Due: 0.00

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080531
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-375
 Account Rep: HOUSE ACCOUNTS/ AM

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S PUBLIC AFFAIR for P.O./Estimate # PAP LA PANTERA
 PSA- S PUBLIC AFFAIRS PROGRAM

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	KATIA EVENTO SABADOS	0.00
8/8/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	VACUNATE YA	0.00
8/15/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	RENTA AYUDA	0.00
8/22/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	VACUNATE	0.00
8/29/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	PUNTES - NONPROFIT	0.00
5 Total Items				Total Cost:	0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Amount Due: **0.00**

STATE OF: OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____
 _____, NOTARY PUBLIC

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080450
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-376
 Account Rep: HOUSE ACCOUNTS/ AN

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S HUD/NATIONAL for P.O./Estimate # HUD/NATIONAL FAIR HOUSING ALLIANCE
 PSA- S HUD/NATIONAL FAIR HOUSING ALLIANCE

Date	Time	Length	Description	Time	CopyID / ISCI Code	Cost
8/3/2021	06:40 PM	:30	PSA		65024B CERRADO/EXCLUIDO	0.00
8/5/2021	04:40 PM	:30	PSA		65024F NEGACION ENMASCARADA	0.00
8/7/2021	02:40 PM	:30	PSA		65024B CERRADO/EXCLUIDO	0.00
8/10/2021	03:40 PM	:30	PSA		65024F NEGACION ENMASCARADA	0.00
8/12/2021	09:20 PM	:30	PSA		65024B CERRADO/EXCLUIDO	0.00
8/14/2021	11:40 AM	:30	PSA		65024F NEGACION ENMASCARADA	0.00
8/17/2021	07:40 PM	:30	PSA		65024B CERRADO/EXCLUIDO	0.00
8/19/2021	04:40 PM	:30	PSA		65024F NEGACION ENMASCARADA	0.00
8/21/2021	06:40 PM	:30	PSA		65024B CERRADO/EXCLUIDO	0.00
8/24/2021	03:40 PM	:30	PSA		65024F NEGACION ENMASCARADA	0.00
8/26/2021	10:40 AM	:30	PSA		65024B CERRADO/EXCLUIDO	0.00
8/28/2021	02:40 PM	:30	PSA		65024F NEGACION ENMASCARADA	0.00
8/31/2021	11:40 AM	:30	PSA		65024B CERRADO/EXCLUIDO	0.00

13 Total Items Total Cost: 0.00

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Amount Due: **0.00**

STATE OF: OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____

_____, NOTARY PUBLIC

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KWBY 940AM Invoice

Invoice ID: 21080455
 Invoice Date: 8/31/2021
 Account ID: 0054
 Order ID: 0054-377
 Account Rep: HOUSE ACCOUNTS/ AI

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S LUNG CANCER for P.O./Estimate # SAVE YOUR LIFE
 PSA- S LUNG CANCER

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/4/2021	07:40 PM	:30	Spot	CNLS0057000	0.00
8/6/2021	03:40 PM	:30	Spot	CNLS0057000	0.00
8/11/2021	07:40 AM	:30	Spot	CNLS0057000	0.00
8/13/2021	04:40 PM	:30	PSA	CNLS0057000	0.00
8/18/2021	01:40 PM	:30	PSA	CNLS0057000	0.00
8/20/2021	06:40 AM	:30	PSA	CNLS0057000	0.00
8/25/2021	03:40 PM	:30	PSA	CNLS0057000	0.00
8/27/2021	02:40 PM	:30	PSA	CNLS0057000	0.00

8 Total Items **Total Cost: 0.00**

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice _____

Amount Due: **0.00**

STATE OF OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____
 _____, NOTARY PUBLIC