



**STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS**

**3RD QUARTER – 2023**

**KWBY 940AM**

The following public service announcements on the attached sheet were during the period JULY 1<sup>st</sup> and SEPTEMBER 30<sup>th</sup> 2023 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 Gaide' with a stylized flourish at the end.

CHITRALEKHA GADE  
CHIEF ADMIN. OFFICER

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# KWBY 940 AM Invoice

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

Invoice ID: 23070345  
 Invoice Date: 7/31/2023  
 Account ID: 0054  
 Order ID: 0054-375  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/2/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	CONOCE ALOCHOLICOS ANONIMOS	0.00
7/9/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	ODHS ASISTENCIA ESTAMPILLAS DE	0.00
7/16/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	WATTSMART PACIFIC POWER- SAVE	0.00
7/23/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	ADDICION DROGA	0.00
7/30/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	ADDICION DROGA	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

# KWBY 940 AM Invoice

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

Invoice ID: 23070335  
 Invoice Date: 7/31/2023  
 Account ID: 0054  
 Order ID: 0054-318  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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
7/1/2023	03:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/1/2023	01:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/1/2023	06:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/2/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
7/2/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
7/2/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
7/3/2023	03:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/3/2023	10:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/3/2023	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/4/2023	08:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/4/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/4/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
7/5/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
7/5/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
7/5/2023	11:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/6/2023	02:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/6/2023	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/6/2023	06:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/7/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
7/7/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/7/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
7/8/2023	02:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
7/8/2023	06:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/8/2023	10:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/9/2023	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/9/2023	05:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/9/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/10/2023	02:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
7/10/2023	06:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
7/10/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
7/11/2023	01:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/11/2023	06:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/11/2023	08:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/12/2023	05:20 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/12/2023	06:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/12/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	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

# KWBV 940 AM Invoice

Invoice ID: 23070335  
 Invoice Date: 7/31/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/13/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/13/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/13/2023	08:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/14/2023	12:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/14/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/14/2023	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/15/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/15/2023	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/15/2023	05:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/16/2023	03:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/16/2023	09:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/16/2023	04:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/17/2023	05:20 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/17/2023	06:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/17/2023	07:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/18/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/18/2023	03:20 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/18/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/19/2023	12:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/19/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/19/2023	10:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/20/2023	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/20/2023	11:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/20/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/21/2023	07:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/21/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/21/2023	09:20 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/22/2023	04:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/22/2023	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/22/2023	11:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/23/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/23/2023	06:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/23/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/24/2023	03:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/24/2023	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/24/2023	07:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/25/2023	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/25/2023	05:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/25/2023	09:20 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/26/2023	07:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/26/2023	12:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/26/2023	06:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/27/2023	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/27/2023	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/27/2023	08:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/28/2023	12:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/28/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/28/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/29/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/29/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00

Continued

# KWBX 940 AM Invoice

Invoice ID: 23070335  
Invoice Date: 7/31/2023

Sponsor: PSA- S  
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/29/2023	09:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/30/2023	12:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/30/2023	02:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/30/2023	09:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/31/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/31/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/31/2023	12:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00

93 Total Items

Total Cost:

\$0.00

Amount Due:

**\$0.00**

# KWBX 940 AM Invoice

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

Invoice ID: 23070341  
 Invoice Date: 7/31/2023  
 Account ID: 0054  
 Order ID: 0054-374  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/1/2023	10:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
7/2/2023	10:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/3/2023	03:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/4/2023	06:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
7/5/2023	03:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/6/2023	06:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
7/7/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/8/2023	04:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
7/9/2023	06:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/10/2023	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/11/2023	09:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
7/12/2023	01:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/13/2023	12:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
7/14/2023	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/15/2023	08:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
7/16/2023	05:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/17/2023	01:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/18/2023	02:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
7/19/2023	06:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/20/2023	02:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
7/21/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/22/2023	08:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
7/23/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/24/2023	09:20 PM	:30	PSA	FRASES BUSTOS 6	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 940 AM Invoice

Invoice ID: 23070341  
Invoice Date: 7/31/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/25/2023	02:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
7/26/2023	10:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/27/2023	06:20 AM	:15	PSA	FRASES BUSTOS 5	0.00
7/28/2023	09:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/29/2023	04:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
7/30/2023	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/31/2023	12:20 PM	:30	PSA	FRASES BUSTOS 6	0.00

31 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KWBY 940 AM Invoice

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

Invoice ID: 23070347  
 Invoice Date: 7/31/2023  
 Account ID: 0054  
 Order ID: 0054-391  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: \_\_\_\_\_

PSA-S

PLEASE REMIT PAYMENT TO  
 DISTELL RADIO GROUP  
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/1/2023	06:40 AM	:30	PSA	CNDT0319000	0.00
7/2/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
7/3/2023	04:40 PM	:60	PSA	CNDT0317000	0.00
7/4/2023	01:20 PM	:30	PSA	CNDT0319000	0.00
7/5/2023	04:40 PM	:60	PSA	CNDT0317000	0.00
7/6/2023	09:20 AM	:30	PSA	CNDT0319000	0.00
7/7/2023	07:20 PM	:60	PSA	CNDT0317000	0.00
7/8/2023	12:40 PM	:30	PSA	CNDT0319000	0.00
7/9/2023	06:40 AM	:60	PSA	CNDT0317000	0.00
7/10/2023	02:20 PM	:60	PSA	CNDT0317000	0.00
7/11/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
7/12/2023	06:20 PM	:60	PSA	CNDT0317000	0.00
7/13/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
7/14/2023	09:20 PM	:60	PSA	CNDT0317000	0.00
7/15/2023	09:40 PM	:30	PSA	CNDT0319000	0.00
7/16/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
7/17/2023	06:20 AM	:60	PSA	CNDT0317000	0.00
7/18/2023	08:40 AM	:30	PSA	CNDT0319000	0.00
7/19/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
7/20/2023	02:40 PM	:30	PSA	CNDT0319000	0.00
7/21/2023	07:20 AM	:60	PSA	CNDT0317000	0.00
7/22/2023	01:40 PM	:30	PSA	CNDT0319000	0.00
7/23/2023	10:20 PM	:60	PSA	CNDT0317000	0.00
7/24/2023	02:20 PM	:60	PSA	CNDT0317000	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 940 AM Invoice

Invoice ID: 23070347  
Invoice Date: 7/31/2023

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES  
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/25/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
7/26/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
7/27/2023	06:40 AM	:30	PSA	CNDT0319000	0.00
7/28/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
7/29/2023	11:20 AM	:30	PSA	CNDT0319000	0.00
7/30/2023	02:20 PM	:60	PSA	CNDT0317000	0.00
7/31/2023	10:40 AM	:60	PSA	CNDT0317000	0.00

31 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KWBY 940 AM Invoice

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

Invoice ID: 23080341  
 Invoice Date: 8/31/2023  
 Account ID: 0054  
 Order ID: 0054-375  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/6/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FENTANILO ADDICION	0.00
8/13/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	PUBLIC AFFAIR	0.00
8/20/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	PUBLICAFFAIR 1	0.00
8/27/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	WHATSMART- ENERGY SAVER	0.00

**4 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

# KWBY 940 AM Invoice

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

Invoice ID: 23080331  
 Invoice Date: 8/31/2023  
 Account ID: 0054  
 Order ID: 0054-318  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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
8/1/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/1/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/1/2023	10:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/2/2023	01:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/2/2023	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/2/2023	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/3/2023	07:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/3/2023	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/3/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/4/2023	05:20 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/4/2023	09:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/4/2023	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/5/2023	02:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/5/2023	07:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/5/2023	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/6/2023	11:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/6/2023	06:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/6/2023	09:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/7/2023	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/7/2023	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/7/2023	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/8/2023	07:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/8/2023	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/8/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/9/2023	06:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/9/2023	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/9/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/10/2023	12:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/10/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/10/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/11/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/11/2023	10:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/11/2023	08:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/12/2023	05:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/12/2023	07:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/12/2023	06:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	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

# KWB 940 AM Invoice

Invoice ID: 23080331  
 Invoice Date: 8/31/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/13/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/13/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/13/2023	10:40 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/14/2023	03:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/14/2023	06:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/14/2023	09:20 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/15/2023	12:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/15/2023	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/15/2023	10:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/16/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/16/2023	05:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/16/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/17/2023	02:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/17/2023	10:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/17/2023	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/18/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/18/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/18/2023	04:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/19/2023	06:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/19/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/19/2023	09:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/20/2023	02:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/20/2023	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/20/2023	03:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/21/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/21/2023	11:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/21/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/22/2023	01:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/22/2023	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/22/2023	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/23/2023	01:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/23/2023	01:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/23/2023	10:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/24/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/24/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/24/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/25/2023	12:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/25/2023	08:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/25/2023	08:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/26/2023	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/26/2023	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/26/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/27/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/27/2023	02:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/27/2023	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/28/2023	02:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/28/2023	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/28/2023	11:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/29/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/29/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00

Continued

# KWBY 940 AM Invoice

Invoice ID: 23080331  
Invoice Date: 8/31/2023

Sponsor: PSA- S  
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/29/2023	11:40 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/30/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/30/2023	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/30/2023	09:20 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/31/2023	12:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/31/2023	06:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/31/2023	07:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00

93 Total Items

Total Cost:

\$0.00

Amount Due:

**\$0.00**

# KWBY 940 AM Invoice

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

Invoice ID: 23080337  
 Invoice Date: 8/31/2023  
 Account ID: 0054  
 Order ID: 0054-374  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2023	11:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
8/2/2023	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/3/2023	12:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
8/4/2023	04:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/5/2023	12:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
8/6/2023	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/7/2023	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/8/2023	10:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
8/9/2023	02:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/10/2023	12:20 AM	:15	PSA	FRASES BUSTOS 1	0.00
8/11/2023	10:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/12/2023	07:20 AM	:15	PSA	FRASES BUSTOS 2	0.00
8/13/2023	04:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/14/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/15/2023	11:20 AM	:15	PSA	FRASES BUSTOS 3	0.00
8/16/2023	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/17/2023	05:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
8/18/2023	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/19/2023	10:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
8/20/2023	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/21/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/22/2023	05:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
8/23/2023	05:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/24/2023	11:40 AM	:15	PSA	FRASES BUSTOS 5	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 940 AM Invoice

Invoice ID: 23080337  
Invoice Date: 8/31/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/25/2023	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/26/2023	03:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
8/27/2023	05:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/28/2023	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/29/2023	02:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
8/30/2023	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/31/2023	12:20 PM	:15	PSA	FRASES BUSTOS 4	0.00

31 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KWBY 940 AM Invoice

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

Invoice ID: 23080343  
 Invoice Date: 8/31/2023  
 Account ID: 0054  
 Order ID: 0054-391  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: \_\_\_\_\_

PSA-S

PLEASE REMIT PAYMENT TO  
 DISTELL RADIO GROUP  
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/1/2023	10:20 PM	:30	PSA	CNDT0319000	0.00
8/2/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
8/3/2023	03:20 PM	:30	PSA	CNDT0319000	0.00
8/4/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
8/5/2023	06:40 PM	:30	PSA	CNDT0319000	0.00
8/6/2023	08:40 PM	:60	PSA	CNDT0317000	0.00
8/7/2023	07:40 AM	:60	PSA	CNDT0317000	0.00
8/8/2023	08:40 PM	:30	PSA	CNDT0319000	0.00
8/9/2023	10:40 AM	:60	PSA	CNDT0317000	0.00
8/10/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
8/11/2023	07:40 AM	:60	PSA	CNDT0317000	0.00
8/12/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
8/13/2023	04:40 PM	:60	PSA	CNDT0317000	0.00
8/14/2023	01:40 PM	:60	PSA	CNDT0317000	0.00
8/15/2023	09:40 AM	:30	PSA	CNDT0319000	0.00
8/16/2023	07:40 AM	:60	PSA	CNDT0317000	0.00
8/17/2023	04:40 PM	:30	PSA	CNDT0319000	0.00
8/18/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
8/19/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
8/20/2023	09:40 PM	:60	PSA	CNDT0317000	0.00
8/21/2023	09:20 PM	:60	PSA	CNDT0317000	0.00
8/22/2023	09:20 PM	:30	PSA	CNDT0319000	0.00
8/23/2023	08:40 PM	:60	PSA	CNDT0317000	0.00
8/24/2023	09:40 AM	:30	PSA	CNDT0319000	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 940 AM Invoice

Invoice ID: 23080343  
Invoice Date: 8/31/2023

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES  
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/25/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
8/26/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
8/27/2023	09:40 PM	:60	PSA	CNDT0317000	0.00
8/28/2023	08:40 PM	:60	PSA	CNDT0317000	0.00
8/29/2023	08:40 PM	:30	PSA	CNDT0319000	0.00
8/30/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
8/31/2023	02:40 PM	:30	PSA	CNDT0319000	0.00

31 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KWBY 940 AM Invoice

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

Invoice ID: 23090310  
 Invoice Date: 9/30/2023  
 Account ID: 0054  
 Order ID: 0054-375  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/3/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	WHATSMART- ENERGY SAVER	0.00
9/10/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	COVERTURA NINO PLAN SALUD	0.00
9/17/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	WHATSMART	0.00
9/24/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	DEPARTAMENTO SERVICIOS HUMANO	0.00

4 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

# KWBX 940 AM Invoice

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

Invoice ID: 23090300  
 Invoice Date: 9/30/2023  
 Account ID: 0054  
 Order ID: 0054-318  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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
9/1/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/1/2023	04:40 PM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
9/1/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/2/2023	04:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/2/2023	09:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/2/2023	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/3/2023	07:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/3/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/3/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/4/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/4/2023	06:40 PM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
9/4/2023	10:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/5/2023	03:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/5/2023	10:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
9/5/2023	04:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/6/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/6/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/6/2023	02:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/7/2023	02:40 AM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
9/7/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/7/2023	11:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/8/2023	04:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
9/8/2023	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/8/2023	07:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/9/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/9/2023	03:40 PM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
9/9/2023	09:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/10/2023	06:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/10/2023	03:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/10/2023	09:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/11/2023	09:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/11/2023	03:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/11/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/12/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/12/2023	07:40 AM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
9/12/2023	03:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	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 940 AM Invoice

Invoice ID: 23090300  
 Invoice Date: 9/30/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/13/2023	08:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/13/2023	01:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/13/2023	11:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/14/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/14/2023	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/14/2023	05:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/15/2023	08:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/15/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/15/2023	10:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/16/2023	03:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
9/16/2023	07:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/16/2023	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/17/2023	05:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/17/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/17/2023	12:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/18/2023	05:20 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/18/2023	10:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/18/2023	05:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/19/2023	02:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/19/2023	06:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/19/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/20/2023	07:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/20/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/20/2023	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/21/2023	03:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/21/2023	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
9/21/2023	07:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/22/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/22/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/22/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/23/2023	12:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/23/2023	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/23/2023	03:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/24/2023	05:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
9/24/2023	01:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/24/2023	10:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/25/2023	08:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/25/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/25/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/26/2023	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/26/2023	03:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/26/2023	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/27/2023	02:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/27/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/27/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/28/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/28/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/28/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/29/2023	12:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/29/2023	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00

Continued

# KWBY 940 AM Invoice

Invoice ID: 23090300  
Invoice Date: 9/30/2023

Sponsor: PSA- S  
PSA- S

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Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/29/2023	09:20 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/30/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/30/2023	11:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/30/2023	09:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00

90 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KWBY 940 AM Invoice

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

Invoice ID: 23090306  
 Invoice Date: 9/30/2023  
 Account ID: 0054  
 Order ID: 0054-374  
 Account Rep: HOUSE ACCOUNTS/ AMADC

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/1/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/2/2023	02:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
9/3/2023	01:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/4/2023	06:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/5/2023	02:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
9/6/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/7/2023	11:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
9/8/2023	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/9/2023	07:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
9/10/2023	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/11/2023	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/12/2023	10:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
9/13/2023	03:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/14/2023	07:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
9/15/2023	04:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/16/2023	10:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
9/17/2023	10:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/18/2023	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/19/2023	04:20 PM	:15	PSA	FRASES BUSTOS 3	0.00
9/20/2023	11:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/21/2023	10:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
9/22/2023	02:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/23/2023	10:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
9/24/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	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 940 AM Invoice

Invoice ID: 23090306  
Invoice Date: 9/30/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/25/2023	09:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/26/2023	09:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
9/27/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/28/2023	06:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
9/29/2023	03:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/30/2023	12:40 AM	:15	PSA	FRASES BUSTOS 1	0.00

30 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KWBY 940 AM Invoice

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

Invoice ID: 23090312  
 Invoice Date: 9/30/2023  
 Account ID: 0054  
 Order ID: 0054-391  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: \_\_\_\_\_

PSA-S

PLEASE REMIT PAYMENT TO  
 DISTELL RADIO GROUP  
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/1/2023	06:40 PM	:60	PSA	CNDT0317000	0.00
9/2/2023	07:20 PM	:30	PSA	CNDT0319000	0.00
9/3/2023	10:40 AM	:60	PSA	CNDT0317000	0.00
9/4/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
9/5/2023	01:40 PM	:30	PSA	CNDT0319000	0.00
9/6/2023	06:40 PM	:60	PSA	CNDT0317000	0.00
9/7/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
9/8/2023	12:20 PM	:60	PSA	CNDT0317000	0.00
9/9/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
9/10/2023	03:20 PM	:60	PSA	CNDT0317000	0.00
9/11/2023	10:40 PM	:60	PSA	CNDT0317000	0.00
9/12/2023	01:40 PM	:30	PSA	CNDT0319000	0.00
9/13/2023	09:20 PM	:60	PSA	CNDT0317000	0.00
9/14/2023	09:40 AM	:30	PSA	CNDT0319000	0.00
9/15/2023	09:40 AM	:60	PSA	CNDT0317000	0.00
9/16/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
9/17/2023	11:40 AM	:60	PSA	CNDT0317000	0.00
9/18/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
9/19/2023	07:20 PM	:30	PSA	CNDT0319000	0.00
9/20/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
9/21/2023	01:40 PM	:30	PSA	CNDT0319000	0.00
9/22/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
9/23/2023	06:40 AM	:30	PSA	CNDT0319000	0.00
9/24/2023	03:40 PM	:60	PSA	CNDT0317000	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 940 AM Invoice

Invoice ID: 23090312  
Invoice Date: 9/30/2023

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES  
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/25/2023	02:40 PM	:60	PSA	CNDT0317000	0.00
9/26/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
9/27/2023	01:40 PM	:60	PSA	CNDT0317000	0.00
9/28/2023	08:40 PM	:30	PSA	CNDT0319000	0.00
9/29/2023	02:40 PM	:60	PSA	CNDT0317000	0.00
9/30/2023	12:20 PM	:30	PSA	CNDT0319000	0.00

30 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00