



Distell Radio Group

STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

4th QUARTER – 2021

KWBY – 940 AM

The following public service announcements on the attached sheet were aired during the period December 1st to December 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". The signature is written in a cursive style with a horizontal line under the last few letters.

Chitralekha Gade
Director Of Administration

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: 21120404
 Invoice Date: 12/31/2021
 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 AFFAIR for P.O./Estimate # PAP LA PANTERA
 PSA- S PUBLIC AFFAIRS PROGRAM

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/5/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	EXHIBICION MUSEO VIRTUAL	0.00
12/12/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	EXHIBICION MUSEO VIRTUAL	0.00
12/19/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	KATIA	0.00
12/26/2021	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	KATIA	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

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

KWBY 940 AM Invoice

Invoice ID: 21120378
 Invoice Date: 12/31/2021
 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
12/1/2021	07:40 AM	:30	PSA	SARM0240000	0.00
12/1/2021	11:40 AM	:30	PSA	1SSA0044000	0.00
12/1/2021	01:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
12/2/2021	07:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
12/2/2021	12:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
12/2/2021	06:40 PM	:30	PSA	VYSJ0475000H	0.00
12/3/2021	10:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
12/3/2021	11:40 AM	:30	PSA	SARM0240000	0.00
12/3/2021	03:40 PM	:30	PSA	CNFF0635000	0.00
12/4/2021	10:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
12/4/2021	01:40 PM	:30	PSA	1SSA0044000	0.00
12/4/2021	05:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
12/5/2021	12:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
12/5/2021	01:40 PM	:30	PSA	VYSJ0475000H	0.00
12/5/2021	02:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
12/6/2021	06:40 AM	:30	PSA	SARM0240000	0.00
12/6/2021	07:40 AM	:30	PSA	CNFF0635000	0.00
12/6/2021	08:40 AM	:30	PSA	1SSA0044000	0.00
12/7/2021	06:40 AM	:30	PSA	VYSJ0475000H	0.00
12/7/2021	09:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
12/7/2021	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
12/8/2021	09:40 AM	:30	PSA	CNFF0635000	0.00
12/8/2021	02:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
12/8/2021	04:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
12/9/2021	12:40 PM	:30	PSA	SARM0240000	0.00
12/9/2021	02:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
12/9/2021	06:40 PM	:30	PSA	1SSA0044000	0.00
12/10/2021	12:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
12/10/2021	03:40 PM	:30	PSA	VYSJ0475000H	0.00
12/10/2021	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
12/11/2021	09:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
12/11/2021	10:40 AM	:30	PSA	SARM0240000	0.00
12/11/2021	01:40 PM	:30	PSA	CNFF0635000	0.00
12/12/2021	06:40 AM	:30	PSA	1SSA0044000	0.00
12/12/2021	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
12/12/2021	05:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	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

Sponsor: PSA- S
PSA- S

Invoice ID: 21120378
Invoice Date: 12/31/2021

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/13/2021	10:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
12/13/2021	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
12/13/2021	04:40 PM	:30	PSA	VYSJ0475000H	0.00
12/14/2021	07:40 AM	:30	PSA	SARM0240000	0.00
12/14/2021	08:40 AM	:30	PSA	CNFF0635000	0.00
12/14/2021	01:40 PM	:30	PSA	1SSA0044000	0.00
12/15/2021	07:40 AM	:30	PSA	VYSJ0475000H	0.00
12/15/2021	12:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
12/15/2021	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
12/16/2021	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
12/16/2021	03:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
12/16/2021	05:40 PM	:30	PSA	CNFF0635000	0.00
12/17/2021	02:20 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
12/17/2021	05:40 PM	:30	PSA	SARM0240000	0.00
12/17/2021	06:40 PM	:30	PSA	1SSA0044000	0.00
12/18/2021	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
12/18/2021	09:40 AM	:30	PSA	VYSJ0475000H	0.00
12/18/2021	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
12/19/2021	11:40 AM	:30	PSA	CNFF0635000	0.00
12/19/2021	02:40 PM	:30	PSA	SARM0240000	0.00
12/19/2021	04:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
12/20/2021	07:40 AM	:30	PSA	1SSA0044000	0.00
12/20/2021	09:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
12/20/2021	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
12/21/2021	07:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
12/21/2021	10:40 AM	:30	PSA	VYSJ0475000H	0.00
12/21/2021	04:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
12/22/2021	12:40 PM	:30	PSA	SARM0240000	0.00
12/22/2021	02:40 PM	:30	PSA	1SSA0044000	0.00
12/22/2021	04:40 PM	:30	PSA	CNFF0635000	0.00
12/23/2021	06:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
12/23/2021	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
12/23/2021	03:40 PM	:30	PSA	VYSJ0475000H	0.00
12/24/2021	09:40 AM	:30	PSA	CNFF0635000	0.00
12/24/2021	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
12/24/2021	06:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
12/25/2021	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
12/25/2021	10:40 AM	:30	PSA	SARM0240000	0.00
12/25/2021	05:40 PM	:30	PSA	1SSA0044000	0.00
12/26/2021	12:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
12/26/2021	01:40 PM	:30	PSA	VYSJ0475000H	0.00
12/26/2021	03:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
12/27/2021	08:40 AM	:30	PSA	CNFF0635000	0.00
12/27/2021	09:40 AM	:30	PSA	BCU_PSA_30_SP	0.00
12/27/2021	05:40 PM	:30	PSA	SARM0240000	0.00
12/28/2021	10:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
12/28/2021	01:40 PM	:30	PSA	1SSA0044000	0.00
12/28/2021	02:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
12/29/2021	02:40 PM	:30	PSA	BCU_PSA_30_SP	0.00
12/29/2021	05:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
12/29/2021	06:40 PM	:30	PSA	VYSJ0475000H	0.00
12/30/2021	06:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00

Continued

KWBY 940 AM Invoice

Invoice ID: 21120378
Invoice Date: 12/31/2021

Page 3

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/30/2021	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
12/30/2021	04:40 PM	:30	PSA	VYSJ0475000H	0.00
12/31/2021	07:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
12/31/2021	12:40 PM	:30	PSA	SARM0240000	0.00
12/31/2021	03:40 PM	:30	PSA	1SSA0044000	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: 21120385
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-353
 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 ENDING HUNGER for P.O./Estimate # ENDING HUNGER
 PSA- S

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

Continued

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

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

KWBY 940 AM Invoice

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

Invoice ID: 21120385
Invoice Date: 12/31/2021

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/25/2021	06:40 PM	:30	PSA	CNFA1107000	0.00
12/26/2021	04:40 PM	:60	PSA	CNFA1108000	0.00
12/27/2021	02:40 PM	:60	PSA	CNFA1108000	0.00
12/28/2021	05:40 PM	:30	PSA	CNFA1107000	0.00
12/29/2021	09:40 AM	:60	PSA	CNFA1108000	0.00
12/30/2021	08:40 AM	:30	PSA	CNFA1107000	0.00
12/31/2021	05:40 PM	:60	PSA	CNFA1108000	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: 21120390
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-372
 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 DISCOVERING N for P.O./Estimate # DISCOVER THE FOREST
 PSA- S DISCOVERING NATURE

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/2/2021	11:40 AM	:30	PSA	CNFT0480000	0.00
12/4/2021	11:40 AM	:30	PSA	CNFT0480000	0.00
12/7/2021	11:40 AM	:30	PSA	CNFT0480000	0.00
12/9/2021	12:40 PM	:30	PSA	CNFT0480000	0.00
12/11/2021	09:40 AM	:30	PSA	CNFT0480000	0.00
12/14/2021	02:40 PM	:30	PSA	CNFT0480000	0.00
12/16/2021	10:40 AM	:30	PSA	CNFT0480000	0.00
12/18/2021	05:40 PM	:30	PSA	CNFT0480000	0.00
12/21/2021	05:40 PM	:30	PSA	CNFT0480000	0.00
12/23/2021	02:40 PM	:30	PSA	CNFT0480000	0.00
12/25/2021	02:40 PM	:30	PSA	CNFT0480000	0.00
12/28/2021	03:40 PM	:30	PSA	CNFT0480000	0.00
12/30/2021	04:40 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

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: 21120394
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-373
 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 COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
 PSA- S COVID-19 VACCINE EDUCATION

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/1/2021	06:40 AM	:30	PSA	CNVE0964000	0.00
12/1/2021	08:40 AM	:60	PSA	CNVE0966000	0.00
12/1/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/1/2021	12:40 PM	:60	PSA	CNVE0811000	0.00
12/1/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/1/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
12/1/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
12/2/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
12/2/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/2/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/2/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
12/2/2021	05:40 PM	:60	PSA	CNVE0811000	0.00
12/3/2021	06:40 AM	:30	PSA	CNVE0964000	0.00
12/3/2021	09:40 AM	:60	PSA	CNVE0966000	0.00
12/3/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
12/3/2021	02:40 PM	:60	PSA	CNVE0811000	0.00
12/3/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/3/2021	06:40 PM	:30	PSA	CNVE0809000	0.00
12/3/2021	07:40 PM	:15	PSA	CNVE0168000	0.00
12/4/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
12/4/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/4/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/4/2021	03:40 PM	:15	PSA	CNVE0168000	0.00
12/4/2021	06:40 PM	:30	PSA	CNVE0809000	0.00
12/5/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
12/5/2021	12:40 PM	:60	PSA	CNVE0966000	0.00
12/5/2021	01:40 PM	:60	PSA	CNVE0811000	0.00
12/5/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/5/2021	05:40 PM	:30	PSA	CNVE0964000	0.00
12/5/2021	06:40 PM	:30	PSA	CNVE0809000	0.00
12/6/2021	06:40 AM	:30	PSA	CNVE0964000	0.00
12/6/2021	09:40 AM	:60	PSA	CNVE0811000	0.00
12/6/2021	10:40 AM	:60	PSA	CNVE0966000	0.00
12/6/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
12/6/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/6/2021	03:40 PM	:15	PSA	CNVE0168000	0.00
12/6/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
12/7/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
12/7/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
12/7/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/7/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
12/7/2021	04:40 PM	:15	PSA	CNVE0168000	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

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

Invoice ID: 21120394
 Invoice Date: 12/31/2021

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/8/2021	09:40 AM	:30	PSA	CNVE0964000	0.00
12/8/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/8/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/8/2021	12:40 PM	:60	PSA	CNVE0966000	0.00
12/8/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
12/8/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
12/8/2021	07:40 PM	:60	PSA	CNVE0811000	0.00
12/9/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
12/9/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
12/9/2021	01:40 PM	:15	PSA	CNVE0168000	0.00
12/9/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
12/9/2021	06:40 PM	:30	PSA	CNVE0809000	0.00
12/10/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
12/10/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
12/10/2021	09:40 AM	:15	PSA	CNVE0168000	0.00
12/10/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/10/2021	02:40 PM	:60	PSA	CNVE0966000	0.00
12/10/2021	06:40 PM	:60	PSA	CNVE0811000	0.00
12/10/2021	07:40 PM	:30	PSA	CNVE0964000	0.00
12/11/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
12/11/2021	10:40 AM	:15	PSA	CNVE0168000	0.00
12/11/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/11/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
12/11/2021	04:40 PM	:60	PSA	CNVE0811000	0.00
12/12/2021	06:40 AM	:30	PSA	CNVE0964000	0.00
12/12/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
12/12/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/12/2021	11:40 AM	:60	PSA	CNVE0966000	0.00
12/12/2021	01:40 PM	:15	PSA	CNVE0168000	0.00
12/12/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
12/12/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
12/13/2021	07:40 AM	:30	PSA	CNVE0964000	0.00
12/13/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
12/13/2021	02:40 PM	:60	PSA	CNVE0811000	0.00
12/13/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
12/13/2021	04:40 PM	:60	PSA	CNVE0966000	0.00
12/13/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
12/13/2021	06:40 PM	:30	PSA	CNVE0809000	0.00
12/14/2021	06:40 AM	:60	PSA	CNVE0811000	0.00
12/14/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/14/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
12/14/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
12/14/2021	06:40 PM	:30	PSA	CNVE0809000	0.00
12/15/2021	07:40 AM	:30	PSA	CNVE0964000	0.00
12/15/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
12/15/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/15/2021	11:40 AM	:60	PSA	CNVE0811000	0.00
12/15/2021	03:40 PM	:60	PSA	CNVE0966000	0.00
12/15/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/15/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
12/16/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
12/16/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/16/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
12/16/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
12/16/2021	07:40 PM	:30	PSA	CNVE0809000	0.00
12/17/2021	06:40 AM	:15	PSA	CNVE0168000	0.00
12/17/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
12/17/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/17/2021	03:40 PM	:60	PSA	CNVE0811000	0.00

KWBY 940 AM 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: 21120394
 Invoice Date: 12/31/2021

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/17/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
12/17/2021	07:40 PM	:60	PSA	CNVE0966000	0.00
12/17/2021	08:40 PM	:30	PSA	CNVE0964000	0.00
12/18/2021	07:40 AM	:60	PSA	CNVE0811000	0.00
12/18/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/18/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/18/2021	04:20 PM	:30	PSA	CNVE0809000	0.00
12/18/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
12/19/2021	11:40 AM	:15	PSA	CNVE0168000	0.00
12/19/2021	12:40 PM	:60	PSA	CNVE0811000	0.00
12/19/2021	01:40 PM	:60	PSA	CNVE0966000	0.00
12/19/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
12/19/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
12/19/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/19/2021	06:40 PM	:30	PSA	CNVE0964000	0.00
12/20/2021	08:40 AM	:60	PSA	CNVE0811000	0.00
12/20/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
12/20/2021	11:40 AM	:30	PSA	CNVE0964000	0.00
12/20/2021	12:40 PM	:15	PSA	CNVE0168000	0.00
12/20/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/20/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/20/2021	07:40 PM	:60	PSA	CNVE0966000	0.00
12/21/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
12/21/2021	01:40 PM	:60	PSA	CNVE0811000	0.00
12/21/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/21/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
12/21/2021	08:40 PM	:30	PSA	CNVE0809000	0.00
12/22/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
12/22/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/22/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/22/2021	01:40 PM	:60	PSA	CNVE0966000	0.00
12/22/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
12/22/2021	06:40 PM	:30	PSA	CNVE0964000	0.00
12/22/2021	07:40 PM	:60	PSA	CNVE0811000	0.00
12/23/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
12/23/2021	09:40 AM	:30	PSA	CNVE0809000	0.00
12/23/2021	02:40 PM	:60	PSA	CNVE0811000	0.00
12/23/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
12/23/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
12/24/2021	07:40 AM	:30	PSA	CNVE0809000	0.00
12/24/2021	11:40 AM	:15	PSA	CNVE0168000	0.00
12/24/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
12/24/2021	01:40 PM	:60	PSA	CNVE0811000	0.00
12/24/2021	02:40 PM	:60	PSA	CNVE0966000	0.00
12/24/2021	04:40 PM	:30	PSA	CNVE0964000	0.00
12/24/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
12/25/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
12/25/2021	11:40 AM	:60	PSA	CNVE0811000	0.00
12/25/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/25/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
12/25/2021	06:20 PM	:30	PSA	CNVE0809000	0.00
12/26/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
12/26/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/26/2021	12:40 PM	:60	PSA	CNVE0811000	0.00
12/26/2021	01:40 PM	:30	PSA	CNVE0809000	0.00
12/26/2021	03:40 PM	:60	PSA	CNVE0966000	0.00
12/26/2021	05:40 PM	:30	PSA	CNVE0964000	0.00
12/26/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
12/27/2021	07:40 AM	:30	PSA	CNVE0809000	0.00

Continued

KWBY 940 AM 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: 21120394
 Invoice Date: 12/31/2021

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/27/2021	09:40 AM	:30	PSA	CNVE0964000	0.00
12/27/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/27/2021	12:40 PM	:30	PSA	CNVE0809000	0.00
12/27/2021	02:40 PM	:15	PSA	CNVE0168000	0.00
12/27/2021	05:40 PM	:60	PSA	CNVE0966000	0.00
12/27/2021	06:40 PM	:60	PSA	CNVE0811000	0.00
12/28/2021	06:40 AM	:30	PSA	CNVE0809000	0.00
12/28/2021	01:40 PM	:60	PSA	CNVE0811000	0.00
12/28/2021	04:40 PM	:30	PSA	CNVE0809000	0.00
12/28/2021	06:40 PM	:15	PSA	CNVE0168000	0.00
12/28/2021	07:40 PM	:30	PSA	CNVE0809000	0.00
12/29/2021	07:40 AM	:30	PSA	CNVE0964000	0.00
12/29/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
12/29/2021	09:40 AM	:60	PSA	CNVE0811000	0.00
12/29/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/29/2021	04:40 PM	:15	PSA	CNVE0168000	0.00
12/29/2021	05:40 PM	:60	PSA	CNVE0966000	0.00
12/29/2021	07:40 PM	:30	PSA	CNVE0809000	0.00
12/30/2021	09:40 AM	:60	PSA	CNVE0811000	0.00
12/30/2021	11:40 AM	:30	PSA	CNVE0809000	0.00
12/30/2021	02:40 PM	:30	PSA	CNVE0809000	0.00
12/30/2021	03:40 PM	:30	PSA	CNVE0809000	0.00
12/30/2021	05:40 PM	:15	PSA	CNVE0168000	0.00
12/31/2021	06:40 AM	:60	PSA	CNVE0811000	0.00
12/31/2021	08:40 AM	:30	PSA	CNVE0809000	0.00
12/31/2021	10:40 AM	:30	PSA	CNVE0809000	0.00
12/31/2021	12:40 PM	:60	PSA	CNVE0966000	0.00
12/31/2021	01:40 PM	:15	PSA	CNVE0168000	0.00
12/31/2021	05:40 PM	:30	PSA	CNVE0809000	0.00
12/31/2021	06:40 PM	:30	PSA	CNVE0964000	0.00

190 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: 21120400
 Invoice Date: 12/31/2021
 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 for P.O./Estimate # FRASES EN EL TIEMPO
 PSA- S FRASES EN EL TIEMPO

Page 1

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

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

Invoice ID: 21120400
Invoice Date: 12/31/2021

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/25/2021	09:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
12/26/2021	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
12/27/2021	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
12/28/2021	09:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
12/29/2021	10:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
12/30/2021	02:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
12/31/2021	08:40 AM	: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: 21120406
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-376
 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 HUD/NATIONAL for P.O./Estimate # HUD/NATIONAL FAIR HOUSING ALLIANCE
 PSA- S HUD/NATIONAL FAIR HOUSING ALLIANCE

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/2/2021	05:40 PM	:30	PSA	65024B CERRADO/EXCLUIDO	0.00
12/4/2021	01:40 PM	:30	PSA	65024F NEGACION ENMASCARADA	0.00
12/7/2021	01:40 PM	:30	PSA	65024B CERRADO/EXCLUIDO	0.00
12/9/2021	09:40 AM	:30	PSA	65024F NEGACION ENMASCARADA	0.00
12/11/2021	02:40 PM	:30	PSA	65024B CERRADO/EXCLUIDO	0.00
12/14/2021	04:40 PM	:30	PSA	65024F NEGACION ENMASCARADA	0.00
12/16/2021	06:40 PM	:30	PSA	65024B CERRADO/EXCLUIDO	0.00
12/18/2021	04:20 PM	:30	PSA	65024F NEGACION ENMASCARADA	0.00
12/21/2021	07:40 PM	:30	PSA	65024B CERRADO/EXCLUIDO	0.00
12/23/2021	05:40 PM	:30	PSA	65024F NEGACION ENMASCARADA	0.00
12/25/2021	05:40 PM	:30	PSA	65024B CERRADO/EXCLUIDO	0.00
12/28/2021	06:40 PM	:30	PSA	65024F NEGACION ENMASCARADA	0.00
12/30/2021	06:40 PM	: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

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: 21120413
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-381
 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 HIGH SCHOOL E for P.O./Estimate # HIGH SCHOOL EQUIVALENCY
 PSA- S HIGH SCHOOL EQUIVALENCY

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/1/2021	01:40 PM	:30	PSA	HIGH SCHOOL EQUIVALENCY	0.00
12/3/2021	04:40 PM	:30	PSA	HIGH SCHOOL EQUIVALENCY	0.00
12/5/2021	01:40 PM	:30	PSA	HIGH SCHOOL EQUIVALENCY	0.00
12/6/2021	01:40 PM	:30	PSA	HIGH SCHOOL EQUIVALENCY	0.00
12/8/2021	02:40 PM	:30	PSA	HIGH SCHOOL EQUIVALENCY	0.00
12/10/2021	05:40 PM	:30	PSA	HIGH SCHOOL EQUIVALENCY	0.00

6 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: 21120419
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-382
 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 STAND UP TO C for P.O./Estimate # STAND UP TO CANCER & HIP HOP PUBLIC HEALT
 PSA- S STAND UP TO CANCER & HIP HOP PUBLIC HEALTH

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/1/2021	04:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/3/2021	04:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/4/2021	05:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/5/2021	02:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/7/2021	02:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/8/2021	07:40 AM	:30	PSA	SU2CHHPHS30	0.00
12/10/2021	06:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/11/2021	12:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/12/2021	10:40 AM	:30	PSA	SU2CHHPHS30	0.00
12/14/2021	05:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/15/2021	06:40 AM	:30	PSA	SU2CHHPHS30	0.00
12/17/2021	08:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/18/2021	06:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/19/2021	02:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/21/2021	08:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/22/2021	08:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/24/2021	04:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/25/2021	01:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/26/2021	05:40 PM	:30	PSA	SU2CHHPHS30	0.00
12/28/2021	07:40 PM	:60	PSA	SU2CHHPHS60	0.00
12/31/2021	06:40 PM	:30	PSA	SU2CHHPHS30	0.00
21 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: 21120424
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-383
 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 NLCRT LUNG CA for P.O./Estimate # NLCRT LUNG CANCER
 PSA- S NLCRT LUNG CANCER

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/1/2021	06:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/3/2021	08:40 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/8/2021	12:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/10/2021	02:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/15/2021	06:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/17/2021	07:40 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/22/2021	03:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/24/2021	05:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/29/2021	05:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
12/31/2021	10:40 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
10 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
 FAX 503 234 5583

KWBY 940 AM Invoice

Invoice ID: 21120430
 Invoice Date: 12/31/2021
 Account ID: 0054
 Order ID: 0054-384
 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 GOT YOUR SIX for P.O./Estimate # GOT YOUR SIX - MILITARY VETERANS & HAVING
 PSA- S GOT YOUR SIX - BOB WOODRUFF FOUNDATION

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
12/2/2021	06:40 PM	:15	PSA	GOTYRSP2115	0.00
12/4/2021	06:40 PM	:30	PSA	GOTYRSP2130	0.00
12/7/2021	05:40 PM	:15	PSA	GOTYRSP2115	0.00
12/9/2021	04:40 PM	:15	PSA	GOTYRSP2115	0.00
12/11/2021	07:40 AM	:30	PSA	GOTYRSP2130	0.00
12/14/2021	05:40 PM	:15	PSA	GOTYRSP2115	0.00
12/16/2021	07:40 PM	:15	PSA	GOTYRSP2115	0.00
12/18/2021	03:40 PM	:30	PSA	GOTYRSP2130	0.00
12/21/2021	11:40 AM	:15	PSA	GOTYRSP2115	0.00
12/23/2021	08:40 AM	:15	PSA	GOTYRSP2115	0.00
12/25/2021	02:40 PM	:30	PSA	GOTYRSP2130	0.00
12/28/2021	10:40 AM	:15	PSA	GOTYRSP2115	0.00
12/30/2021	02:40 PM	:15	PSA	GOTYRSP2115	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