

# DISTELL RADIO GROUP

## STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

2ND QUARTER – 2023

KWBY 940 AM

The following public service announcements on the attached sheet were aired during the period APRIL 1<sup>st</sup> 2023 and JUNE 30<sup>th</sup> 2023 on the station indicated. All public service and public affairs programs were aired on the stations listed above.



Chitralekha Gade  
Chief Administrative Officer

# 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: 23040319  
 Invoice Date: 4/30/2023  
 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
4/1/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/1/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/1/2023	09:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/2/2023	09:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/2/2023	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
4/2/2023	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/3/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/3/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
4/3/2023	11:40 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/4/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/4/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/4/2023	11:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/5/2023	05:20 AM	:30	PSA	DISTRACTED DRIVING	0.00
4/5/2023	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/5/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
4/6/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/6/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/6/2023	11:20 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/7/2023	01:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/7/2023	06:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/7/2023	11:20 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/8/2023	03:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/8/2023	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/8/2023	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/9/2023	07:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/9/2023	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
4/9/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/10/2023	12:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/10/2023	12:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
4/10/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/11/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/11/2023	08:20 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/11/2023	06:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/12/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/12/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/12/2023	09:20 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

# KWBY 940 AM Invoice

Invoice ID: 23040319  
 Invoice Date: 4/30/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/13/2023	09:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/13/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
4/13/2023	05:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/14/2023	06:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
4/14/2023	03:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
4/14/2023	09:20 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/15/2023	04:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
4/15/2023	03:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
4/15/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
4/16/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/16/2023	02:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
4/16/2023	06:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/17/2023	04:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
4/17/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/17/2023	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/18/2023	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
4/18/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
4/18/2023	07:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/19/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/19/2023	12:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
4/19/2023	09:20 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
4/20/2023	06:20 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/20/2023	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
4/20/2023	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
4/21/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/21/2023	06:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
4/21/2023	04:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/22/2023	05:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
4/22/2023	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
4/22/2023	08:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/23/2023	05:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
4/23/2023	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
4/23/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
4/24/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/24/2023	05:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
4/24/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/25/2023	02:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
4/25/2023	12:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/25/2023	05:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/26/2023	07:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
4/26/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
4/26/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/27/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/27/2023	03:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
4/27/2023	10:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
4/28/2023	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/28/2023	02:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/28/2023	07:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
4/29/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/29/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00

Continued

# KWBY 940 AM Invoice

Invoice ID: 23040319  
Invoice Date: 4/30/2023

Sponsor: PSA- S  
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/29/2023	02:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/30/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
4/30/2023	10:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
4/30/2023	11:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	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: 23040325  
 Invoice Date: 4/30/2023  
 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
4/1/2023	03:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
4/2/2023	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/3/2023	08:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/4/2023	02:20 PM	:15	PSA	FRASES BUSTOS 5	0.00
4/5/2023	08:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/6/2023	12:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
4/7/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/8/2023	04:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
4/9/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/10/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/11/2023	10:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
4/12/2023	05:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/13/2023	08:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
4/14/2023	11:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/15/2023	04:20 AM	:15	PSA	FRASES BUSTOS 2	0.00
4/16/2023	04:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/17/2023	05:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/18/2023	04:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
4/19/2023	06:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/20/2023	07:20 PM	:15	PSA	FRASES BUSTOS 5	0.00
4/21/2023	07:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/22/2023	07:20 PM	:15	PSA	FRASES BUSTOS 1	0.00
4/23/2023	10:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/24/2023	07:20 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: 23040325  
Invoice Date: 4/30/2023

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
4/25/2023	05:20 AM	:15	PSA	FRASES BUSTOS 3	0.00
4/26/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/27/2023	10:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
4/28/2023	02:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/29/2023	06:20 AM	:15	PSA	FRASES BUSTOS 2	0.00
4/30/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	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: 23040329  
 Invoice Date: 4/30/2023  
 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
4/2/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	CENTRO FAMILIAR MANO A MANO	0.00
4/9/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FAMILIA ALANON	0.00
4/16/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FAMILIA ALANON	0.00
4/23/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD BOXES	0.00
4/30/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD BOXES	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

# KWBV 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: 23040331  
 Invoice Date: 4/30/2023  
 Account ID: 0054  
 Order ID: 0054-388  
 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- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/1/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
4/1/2023	07:40 PM	:30	Spot	CNMS0011000	0.00
4/2/2023	07:40 AM	:30	Spot	CNMS0011000	0.00
4/2/2023	05:40 PM	:15	Spot	CNMS0012000	0.00
4/3/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
4/3/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
4/4/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
4/4/2023	11:20 PM	:15	Spot	CNMS0012000	0.00
4/5/2023	11:40 AM	:15	Spot	CNMS0012000	0.00
4/5/2023	05:40 PM	:30	Spot	CNMS0011000	0.00
4/6/2023	11:20 AM	:15	Spot	CNMS0012000	0.00
4/6/2023	05:40 PM	:30	Spot	CNMS0011000	0.00
4/7/2023	12:20 PM	:15	Spot	CNMS0012000	0.00
4/7/2023	08:40 PM	:30	Spot	CNMS0011000	0.00
4/8/2023	07:40 AM	:30	Spot	CNMS0011000	0.00
4/8/2023	05:20 PM	:15	Spot	CNMS0012000	0.00
4/9/2023	10:40 AM	:30	Spot	CNMS0011000	0.00
4/9/2023	04:40 PM	:15	Spot	CNMS0012000	0.00
4/10/2023	11:40 AM	:15	Spot	CNMS0012000	0.00
4/10/2023	04:40 PM	:30	Spot	CNMS0011000	0.00
4/11/2023	06:40 AM	:15	Spot	CNMS0012000	0.00
4/11/2023	11:40 AM	:30	Spot	CNMS0011000	0.00
4/12/2023	06:20 AM	:30	Spot	CNMS0011000	0.00
4/12/2023	11:40 AM	:15	Spot	CNMS0012000	0.00
4/13/2023	06:40 PM	:15	Spot	CNMS0012000	0.00
4/13/2023	07:40 PM	:30	Spot	CNMS0011000	0.00
4/14/2023	01:40 PM	:15	Spot	CNMS0012000	0.00
4/14/2023	11:20 PM	:30	Spot	CNMS0011000	0.00
4/15/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
4/15/2023	11:40 PM	:30	Spot	CNMS0011000	0.00
4/16/2023	02:20 PM	:30	Spot	CNMS0011000	0.00
4/16/2023	07:20 PM	:15	Spot	CNMS0012000	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 940 AM Invoice

Invoice ID: 23040331  
 Invoice Date: 4/30/2023

Sponsor: PSA- S / PSA- S- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/17/2023	07:40 AM	:15	Spot	CNMS0012000	0.00
4/17/2023	11:40 PM	:30	Spot	CNMS0011000	0.00
4/18/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
4/18/2023	01:20 PM	:30	Spot	CNMS0011000	0.00
4/19/2023	01:40 PM	:30	Spot	CNMS0011000	0.00
4/19/2023	11:40 PM	:15	Spot	CNMS0012000	0.00
4/20/2023	08:20 AM	:30	Spot	CNMS0011000	0.00
4/20/2023	10:40 PM	:15	Spot	CNMS0012000	0.00
4/21/2023	07:40 AM	:15	Spot	CNMS0012000	0.00
4/21/2023	07:40 PM	:30	Spot	CNMS0011000	0.00
4/22/2023	01:40 PM	:15	Spot	CNMS0012000	0.00
4/22/2023	03:40 PM	:30	Spot	CNMS0011000	0.00
4/23/2023	10:40 AM	:15	Spot	CNMS0012000	0.00
4/23/2023	03:40 PM	:30	Spot	CNMS0011000	0.00
4/24/2023	10:40 AM	:30	Spot	CNMS0011000	0.00
4/24/2023	06:40 PM	:15	Spot	CNMS0012000	0.00
4/25/2023	05:20 PM	:30	Spot	CNMS0011000	0.00
4/25/2023	08:40 PM	:15	Spot	CNMS0012000	0.00
4/26/2023	06:40 AM	:15	Spot	CNMS0012000	0.00
4/26/2023	11:20 AM	:30	Spot	CNMS0011000	0.00
4/27/2023	10:40 AM	:15	Spot	CNMS0012000	0.00
4/27/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
4/28/2023	07:20 AM	:15	Spot	CNMS0012000	0.00
4/28/2023	02:20 PM	:30	Spot	CNMS0011000	0.00

**56 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: 23040336  
 Invoice Date: 4/30/2023  
 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
4/1/2023	09:20 AM	:30	PSA	CNDT0319000	0.00
4/2/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
4/3/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
4/4/2023	07:40 AM	:30	PSA	CNDT0319000	0.00
4/5/2023	09:20 PM	:60	PSA	CNDT0317000	0.00
4/6/2023	07:40 AM	:30	PSA	CNDT0319000	0.00
4/7/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
4/8/2023	11:40 PM	:30	PSA	CNDT0319000	0.00
4/9/2023	08:40 PM	:60	PSA	CNDT0317000	0.00
4/10/2023	08:40 PM	:60	PSA	CNDT0317000	0.00
4/11/2023	08:40 PM	:30	PSA	CNDT0319000	0.00
4/12/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
4/13/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
4/14/2023	11:40 AM	:60	PSA	CNDT0317000	0.00
4/15/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
4/16/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
4/17/2023	03:20 PM	:60	PSA	CNDT0317000	0.00
4/18/2023	08:40 AM	:30	PSA	CNDT0319000	0.00
4/19/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
4/20/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
4/21/2023	10:40 PM	:60	PSA	CNDT0317000	0.00
4/22/2023	02:40 PM	:30	PSA	CNDT0319000	0.00
4/23/2023	09:40 AM	:60	PSA	CNDT0317000	0.00
4/24/2023	08:40 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: 23040336  
Invoice Date: 4/30/2023

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
4/25/2023	06:40 AM	:30	PSA	CNDT0319000	0.00
4/26/2023	02:40 PM	:60	PSA	CNDT0317000	0.00
4/27/2023	02:40 PM	:30	PSA	CNDT0319000	0.00
4/28/2023	07:40 AM	:60	PSA	CNDT0317000	0.00
4/29/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
4/30/2023	06:40 PM	:60	PSA	CNDT0317000	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: 23040341  
 Invoice Date: 4/30/2023  
 Account ID: 0054  
 Order ID: 0054-393  
 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- WE ARE BORADCASTERS for P.O./Estimate # WE ARE BROADCASTERS  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/5/2023	04:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/5/2023	12:20 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/5/2023	10:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/6/2023	11:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/6/2023	05:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/6/2023	10:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/7/2023	04:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/7/2023	08:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/7/2023	05:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/8/2023	05:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/8/2023	08:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/8/2023	02:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/9/2023	05:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/9/2023	08:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/9/2023	05:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/10/2023	12:20 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/10/2023	01:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/10/2023	10:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/11/2023	01:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/11/2023	08:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/11/2023	07:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/12/2023	08:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/12/2023	04:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/12/2023	08:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/13/2023	01:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/13/2023	06:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/13/2023	11:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/14/2023	02:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/14/2023	05:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/14/2023	11:20 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/15/2023	03:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/15/2023	01:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/15/2023	04:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/16/2023	02:20 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/16/2023	09:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/16/2023	09:40 PM	:30	PSA	WE ARE BROADCASTERS 1	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 940 AM Invoice

Invoice ID: 23040341  
 Invoice Date: 4/30/2023

Sponsor: PSA- S / PSA- S- WE ARE BORADCASTERS for P.O./Estimate # WE ARE BROADCASTERS  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/17/2023	02:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/17/2023	02:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/17/2023	03:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/18/2023	03:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/18/2023	06:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/18/2023	03:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/19/2023	05:20 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/19/2023	08:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/19/2023	08:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/20/2023	03:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/20/2023	07:20 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/20/2023	03:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/21/2023	09:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/21/2023	11:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/21/2023	09:20 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/22/2023	04:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/22/2023	05:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/22/2023	07:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/23/2023	12:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/23/2023	01:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/23/2023	05:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/24/2023	04:20 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/24/2023	07:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/24/2023	05:20 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/25/2023	03:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/25/2023	10:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/25/2023	04:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/26/2023	03:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/26/2023	11:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/26/2023	10:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/27/2023	01:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/27/2023	02:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/27/2023	11:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/28/2023	03:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/28/2023	10:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/28/2023	08:20 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/29/2023	01:40 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/29/2023	06:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/29/2023	08:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/30/2023	05:40 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/30/2023	01:40 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/30/2023	03:40 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00

78 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: 23050323  
 Invoice Date: 5/31/2023  
 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
5/1/2023	01:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/1/2023	09:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/1/2023	07:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/2/2023	02:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/2/2023	06:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/2/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/3/2023	05:20 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/3/2023	10:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/3/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/4/2023	02:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/4/2023	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/4/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/5/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/5/2023	08:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/5/2023	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/6/2023	05:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/6/2023	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/6/2023	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/7/2023	11:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/7/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/7/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/8/2023	05:20 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/8/2023	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/8/2023	04:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/9/2023	01:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/9/2023	01:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/9/2023	07:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/10/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/10/2023	08:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/10/2023	06:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/11/2023	05:20 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/11/2023	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/11/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/12/2023	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/12/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/12/2023	10:40 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

# KWBY 940 AM Invoice

Invoice ID: 23050323  
Invoice Date: 5/31/2023

Sponsor: PSA- S  
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
5/13/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/13/2023	06:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/13/2023	01:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/14/2023	05:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/14/2023	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/14/2023	03:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/15/2023	07:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/15/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/15/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/16/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/16/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/16/2023	09:20 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/17/2023	05:20 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/17/2023	02:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/17/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/18/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/18/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/18/2023	12:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/19/2023	01:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/19/2023	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/19/2023	10:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/20/2023	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/20/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/20/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/21/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/21/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/21/2023	01:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/22/2023	01:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/22/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/22/2023	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/23/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/23/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/23/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/24/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/24/2023	03:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/24/2023	08:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/25/2023	07:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/25/2023	01:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/25/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/26/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/26/2023	04:20 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/26/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/27/2023	07:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/27/2023	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/27/2023	04:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/28/2023	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/28/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/28/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/29/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/29/2023	03:20 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00

Continued

# KWBY 940 AM Invoice

Invoice ID: 23050323  
 Invoice Date: 5/31/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
5/29/2023	10:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/30/2023	04:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/30/2023	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/30/2023	06:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/31/2023	02:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/31/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/31/2023	04:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	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: 23050329  
 Invoice Date: 5/31/2023  
 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
5/1/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/2/2023	04:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
5/3/2023	03:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/4/2023	11:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
5/5/2023	05:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/6/2023	07:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
5/7/2023	06:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/8/2023	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/9/2023	09:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
5/10/2023	10:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/11/2023	11:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
5/12/2023	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/13/2023	02:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
5/14/2023	04:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/15/2023	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/16/2023	02:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
5/17/2023	01:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/18/2023	12:20 PM	:15	PSA	FRASES BUSTOS 1	0.00
5/19/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/20/2023	01:20 PM	:15	PSA	FRASES BUSTOS 2	0.00
5/21/2023	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/22/2023	11:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/23/2023	03:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
5/24/2023	05:20 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: 23050329  
Invoice Date: 5/31/2023

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
5/25/2023	08:20 AM	:15	PSA	FRASES BUSTOS 5	0.00
5/26/2023	01:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/27/2023	03:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
5/28/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/29/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/30/2023	06:20 PM	:15	PSA	FRASES BUSTOS 3	0.00
5/31/2023	11:40 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: 23050333  
 Invoice Date: 5/31/2023  
 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
5/7/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	ADELANTE MUJERES	0.00
5/14/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FREE THEM ALL CARAVAN	0.00
5/21/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FREE THEM ALL CARAVAN	0.00
5/28/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FREE THEM ALL CARABANA	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: 23050335  
 Invoice Date: 5/31/2023  
 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
5/1/2023	09:20 AM	:60	PSA	CNDT0317000	0.00
5/2/2023	06:20 PM	:30	PSA	CNDT0319000	0.00
5/3/2023	10:40 PM	:60	PSA	CNDT0317000	0.00
5/4/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
5/5/2023	10:40 AM	:60	PSA	CNDT0317000	0.00
5/6/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
5/7/2023	09:40 AM	:60	PSA	CNDT0317000	0.00
5/8/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
5/9/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
5/10/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
5/11/2023	11:40 PM	:30	PSA	CNDT0319000	0.00
5/12/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
5/13/2023	10:40 PM	:30	PSA	CNDT0319000	0.00
5/14/2023	06:40 AM	:60	PSA	CNDT0317000	0.00
5/15/2023	12:20 PM	:60	PSA	CNDT0317000	0.00
5/16/2023	07:40 AM	:30	PSA	CNDT0319000	0.00
5/17/2023	01:40 PM	:60	PSA	CNDT0317000	0.00
5/18/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
5/19/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
5/20/2023	01:40 PM	:30	PSA	CNDT0319000	0.00
5/21/2023	02:40 PM	:60	PSA	CNDT0317000	0.00
5/22/2023	10:40 PM	:60	PSA	CNDT0317000	0.00
5/23/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
5/24/2023	11:40 AM	:60	PSA	CNDT0317000	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

Invoice ID: 23050335  
Invoice Date: 5/31/2023

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
5/25/2023	08:40 AM	:30	PSA	CNDT0319000	0.00
5/26/2023	11:40 AM	:60	PSA	CNDT0317000	0.00
5/27/2023	06:40 PM	:30	PSA	CNDT0319000	0.00
5/28/2023	01:40 PM	:60	PSA	CNDT0317000	0.00
5/29/2023	10:20 PM	:60	PSA	CNDT0317000	0.00
5/30/2023	02:40 PM	:30	PSA	CNDT0319000	0.00
5/31/2023	08:40 PM	: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: 23060279  
 Invoice Date: 6/30/2023  
 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
6/1/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/1/2023	10:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
6/1/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/2/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/2/2023	05:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/2/2023	09:20 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/3/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/3/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/3/2023	04:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/4/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
6/4/2023	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/4/2023	09:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/5/2023	10:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
6/5/2023	04:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/5/2023	10:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/6/2023	01:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/6/2023	03:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
6/6/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/7/2023	04:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/7/2023	10:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/7/2023	09:20 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/8/2023	09:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/8/2023	04:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/8/2023	08:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/9/2023	12:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/9/2023	12:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/9/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/10/2023	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/10/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/10/2023	02:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/11/2023	05:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/11/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
6/11/2023	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/12/2023	05:20 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/12/2023	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
6/12/2023	03:40 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

# KWBX 940 AM Invoice

Invoice ID: 23060279  
 Invoice Date: 6/30/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
6/13/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/13/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/13/2023	12:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/14/2023	05:20 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/14/2023	10:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/14/2023	03:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/15/2023	03:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
6/15/2023	10:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/15/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/16/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/16/2023	06:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/16/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/17/2023	04:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/17/2023	11:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/17/2023	08:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/18/2023	12:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/18/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/18/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/19/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/19/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/19/2023	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/20/2023	04:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/20/2023	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
6/20/2023	09:20 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/21/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/21/2023	06:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/21/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/22/2023	02:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/22/2023	07:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/22/2023	11:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/23/2023	04:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
6/23/2023	06:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/23/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/24/2023	06:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/24/2023	12:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/24/2023	04:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/25/2023	12:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/25/2023	04:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/25/2023	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/26/2023	02:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/26/2023	03:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/26/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/27/2023	09:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/27/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/27/2023	09:20 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/28/2023	02:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/28/2023	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
6/28/2023	05:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/29/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/29/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00

Continued

# KWBY 940 AM Invoice

Invoice ID: 23060279  
Invoice Date: 6/30/2023

Sponsor: PSA- S  
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
6/29/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/30/2023	08:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/30/2023	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/30/2023	07:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	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: 23060285  
 Invoice Date: 6/30/2023  
 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
6/1/2023	06:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
6/2/2023	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/3/2023	05:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
6/4/2023	10:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/5/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/6/2023	02:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
6/7/2023	02:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/8/2023	06:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
6/9/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/10/2023	02:20 PM	:15	PSA	FRASES BUSTOS 2	0.00
6/11/2023	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/12/2023	09:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/13/2023	01:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
6/14/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/15/2023	12:20 PM	:15	PSA	FRASES BUSTOS 1	0.00
6/16/2023	04:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/17/2023	09:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
6/18/2023	09:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/19/2023	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/20/2023	10:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
6/21/2023	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/22/2023	06:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
6/23/2023	01:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/24/2023	07:40 PM	:15	PSA	FRASES BUSTOS 1	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: 23060285  
Invoice Date: 6/30/2023

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
6/25/2023	06:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/26/2023	02:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/27/2023	11:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
6/28/2023	04:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/29/2023	09:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
6/30/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	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: 23060289  
 Invoice Date: 6/30/2023  
 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
6/4/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	SAVE ENERGY SAVE MONEY	0.00
6/11/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	SAVE ENERGY SAVE MONEY	0.00
6/18/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	SAVE ENERGY SAVE MONEY	0.00
6/25/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	CONOCE ALOCHOLICOS ANONIMOS	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: 23060291  
 Invoice Date: 6/30/2023  
 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
6/1/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
6/2/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
6/3/2023	09:40 PM	:30	PSA	CNDT0319000	0.00
6/4/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
6/5/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
6/6/2023	01:20 PM	:30	PSA	CNDT0319000	0.00
6/7/2023	04:40 PM	:60	PSA	CNDT0317000	0.00
6/8/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
6/9/2023	07:40 AM	:60	PSA	CNDT0317000	0.00
6/10/2023	06:40 AM	:30	PSA	CNDT0319000	0.00
6/11/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
6/12/2023	09:40 AM	:60	PSA	CNDT0317000	0.00
6/13/2023	02:20 PM	:30	PSA	CNDT0319000	0.00
6/14/2023	04:40 PM	:60	PSA	CNDT0317000	0.00
6/15/2023	12:40 PM	:30	PSA	CNDT0319000	0.00
6/16/2023	06:20 PM	:60	PSA	CNDT0317000	0.00
6/17/2023	03:40 PM	:30	PSA	CNDT0319000	0.00
6/18/2023	10:40 AM	:60	PSA	CNDT0317000	0.00
6/19/2023	06:40 PM	:60	PSA	CNDT0317000	0.00
6/20/2023	06:20 AM	:30	PSA	CNDT0319000	0.00
6/21/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
6/22/2023	04:40 PM	:30	PSA	CNDT0319000	0.00
6/23/2023	08:40 AM	:60	PSA	CNDT0317000	0.00
6/24/2023	07:40 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: 23060291  
Invoice Date: 6/30/2023

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
6/25/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
6/26/2023	10:20 PM	:60	PSA	CNDT0317000	0.00
6/27/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
6/28/2023	01:40 PM	:60	PSA	CNDT0317000	0.00
6/29/2023	04:40 PM	:30	PSA	CNDT0319000	0.00
6/30/2023	08:20 AM	:60	PSA	CNDT0317000	0.00

30 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00