



**STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS**

**1ST QUARTER – 2023**

**KXET 1520AM & KGDD 93.5 FM**

The following public service announcements on the attached sheet were aired during the period January 1<sup>st</sup> 2023 and March 31<sup>st</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 Gade". The signature is fluid and cursive, with a prominent flourish at the end of the name.

Chitralekha Gade  
Chief Administrative Officer

# LA GRAND KGDD Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215

Invoice ID: 23010039  
 Invoice Date: 1/31/2023  
 Account ID: 0148  
 Order ID: 0148-001  
 Account Rep: House Accounts

Amount Due: \$0.00

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

PSA PUBLIC AFFAIRS

Sponsor: PSA PUBLIC AFFAIRS  
 PSA PUBLIC AFFAIRS

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	TELEMEDICINE COVID 19	0.00
1/8/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	ASSISTANCE FOR REHABILITATION	0.00
1/15/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	ASSISTANCE FOR REHABILITATION	0.00
1/22/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	ASSISTANCE FOR REHABILITATION	0.00
1/29/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	PREVENCIÓN Y ADICCIONES	0.00
<b>5 Total Items</b>				<b>Total Cost:</b>	<b>\$0.00</b>

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 \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, NOTARY PUBLIC

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23010289  
 Invoice Date: 1/31/2023  
 Account ID: 0054  
 Order ID: 0054-318  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2023	12:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/1/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/2/2023	11:48 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/2/2023	04:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/3/2023	02:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/3/2023	04:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/3/2023	06:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/4/2023	10:48 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/4/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/5/2023	06:48 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/5/2023	09:48 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/5/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/6/2023	04:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/7/2023	12:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/8/2023	10:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/8/2023	06:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/9/2023	10:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/9/2023	04:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/10/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/11/2023	05:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/12/2023	01:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/14/2023	11:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/14/2023	12:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/14/2023	05:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/15/2023	11:48 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/15/2023	06:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/16/2023	11:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/16/2023	04:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/16/2023	05:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/17/2023	10:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/17/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/18/2023	08:48 AM	:30	PSA	DISTRACTED DRIVING	0.00

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

Continued

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

# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23010289  
 Invoice Date: 1/31/2023

Sponsor: PSA- S  
 PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/18/2023	03:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/18/2023	04:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/19/2023	02:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/19/2023	05:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/19/2023	07:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/20/2023	06:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/21/2023	07:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/22/2023	06:48 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/23/2023	09:48 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/23/2023	11:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/23/2023	03:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/24/2023	07:48 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/24/2023	03:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/24/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/25/2023	02:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/26/2023	10:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/26/2023	07:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/28/2023	04:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/29/2023	04:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/29/2023	06:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/30/2023	12:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/31/2023	08:48 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/31/2023	12:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00

**55 Total Items**

**Total Cost:**

**\$0.00**

**Amount Due:**

**\$0.00**

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23010295  
 Invoice Date: 1/31/2023  
 Account ID: 0054  
 Order ID: 0054-374  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2023	04:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/2/2023	07:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/4/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/6/2023	02:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/8/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/9/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/11/2023	10:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/13/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/15/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/16/2023	07:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/17/2023	06:48 PM	:15	PSA	FRASES BUSTOS 4	0.00
1/18/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/20/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/21/2023	06:48 AM	:15	PSA	FRASES BUSTOS 2	0.00
1/22/2023	01:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/23/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/29/2023	02:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/30/2023	10:48 AM	:30	PSA	FRASES BUSTOS 6	0.00

<b>18 Total Items</b>	<b>Total Cost:</b>	<b>\$0.00</b>
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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

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23010301  
 Invoice Date: 1/31/2023  
 Account ID: 0054  
 Order ID: 0054-377  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/4/2023	06:48 PM	:30	PSA	CNLS0057000	0.00
1/6/2023	04:48 PM	:30	PSA	CNLS0057000	0.00
1/11/2023	11:48 AM	:30	PSA	CNLS0057000	0.00
1/13/2023	06:48 AM	:30	PSA	CNLS0057000	0.00
1/18/2023	06:48 AM	:30	PSA	CNLS0057000	0.00
1/20/2023	09:48 AM	:30	PSA	CNLS0057000	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

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23010306  
 Invoice Date: 1/31/2023  
 Account ID: 0054  
 Order ID: 0054-383  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S NLCRT LUNG CANCER for P.O./Estimate # NLCRT LUNG CANCER  
 PSA- S NLCRT LUNG CANCER

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/4/2023	10:48 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/11/2023	09:48 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/13/2023	10:48 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/18/2023	05:48 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/25/2023	06:48 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/27/2023	09:48 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
<b>6 Total Items</b>				<b>Total Cost:</b>	<b>\$0.00</b>

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

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23010311  
 Invoice Date: 1/31/2023  
 Account ID: 0054  
 Order ID: 0054-385  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S CHILD CAR SAFETY for P.O./Estimate # CHILD CAR SAFETY  
 PSA- S CHILD CAR SAFETY

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2023	10:48 AM	:60	PSA	CNCS0461000	0.00
1/2/2023	06:48 AM	:60	PSA	CNCS0461000	0.00
1/3/2023	07:48 AM	:30	PSA	CNCS0044000	0.00
1/3/2023	06:48 PM	:60	PSA	CNCS0461000	0.00
1/4/2023	09:48 AM	:60	PSA	CNCS0461000	0.00
1/5/2023	08:48 AM	:30	PSA	CNCS0044000	0.00
1/5/2023	02:48 PM	:60	PSA	CNCS0461000	0.00
1/6/2023	06:48 PM	:60	PSA	CNCS0461000	0.00
1/7/2023	03:48 PM	:60	PSA	CNCS0461000	0.00
1/7/2023	04:48 PM	:30	PSA	CNCS0044000	0.00
1/8/2023	09:48 AM	:60	PSA	CNCS0461000	0.00
1/9/2023	06:48 AM	:60	PSA	CNCS0461000	0.00
1/11/2023	06:48 AM	:60	PSA	CNCS0461000	0.00
1/12/2023	08:48 AM	:60	PSA	CNCS0461000	0.00
1/12/2023	11:48 AM	:30	PSA	CNCS0044000	0.00
1/13/2023	05:48 PM	:60	PSA	CNCS0461000	0.00
1/14/2023	07:48 AM	:60	PSA	CNCS0461000	0.00
1/14/2023	06:48 PM	:30	PSA	CNCS0044000	0.00
1/15/2023	01:48 PM	:60	PSA	CNCS0461000	0.00
1/16/2023	06:48 AM	:60	PSA	CNCS0461000	0.00
1/17/2023	01:48 PM	:60	PSA	CNCS0461000	0.00
1/18/2023	01:48 PM	:60	PSA	CNCS0461000	0.00
1/19/2023	09:48 AM	:60	PSA	CNCS0461000	0.00
1/19/2023	04:48 PM	:30	PSA	CNCS0044000	0.00
1/20/2023	04:48 PM	:60	PSA	CNCS0461000	0.00
1/21/2023	06:48 AM	:30	PSA	CNCS0044000	0.00
1/21/2023	04:48 PM	:60	PSA	CNCS0461000	0.00
1/22/2023	07:48 AM	:60	PSA	CNCS0461000	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



# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23010311  
Invoice Date: 1/31/2023

Sponsor: PSA- S / PSA- S CHILD CAR SAFETY for P.O./Estimate # CHILD CAR SAFETY  
PSA- S CHILD CAR SAFETY

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/23/2023	07:48 PM	:60	PSA	CNCS0461000	0.00
1/24/2023	10:48 AM	:30	PSA	CNCS0044000	0.00
1/24/2023	07:48 PM	:60	PSA	CNCS0461000	0.00
1/25/2023	10:48 AM	:60	PSA	CNCS0461000	0.00
1/26/2023	09:48 AM	:30	PSA	CNCS0044000	0.00
1/26/2023	12:48 PM	:60	PSA	CNCS0461000	0.00
1/27/2023	02:48 PM	:60	PSA	CNCS0461000	0.00
1/28/2023	09:48 AM	:30	PSA	CNCS0044000	0.00
1/28/2023	10:48 AM	:60	PSA	CNCS0461000	0.00
1/29/2023	08:48 AM	:60	PSA	CNCS0461000	0.00
1/31/2023	11:48 AM	:60	PSA	CNCS0461000	0.00
1/31/2023	07:48 PM	:30	PSA	CNCS0044000	0.00

40 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23010316  
 Invoice Date: 1/31/2023  
 Account ID: 0054  
 Order ID: 0054-388  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
1/1/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
1/2/2023	10:48 AM	:30	Spot	CNMS0011000	0.00
1/3/2023	05:48 PM	:30	Spot	CNMS0011000	0.00
1/4/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
1/5/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
1/6/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
1/7/2023	08:48 AM	:30	Spot	CNMS0011000	0.00
1/8/2023	12:48 PM	:15	Spot	CNMS0012000	0.00
1/10/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
1/11/2023	01:48 PM	:15	Spot	CNMS0012000	0.00
1/13/2023	04:48 PM	:30	Spot	CNMS0011000	0.00
1/14/2023	03:48 PM	:30	Spot	CNMS0011000	0.00
1/15/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
1/16/2023	03:48 PM	:30	Spot	CNMS0011000	0.00
1/17/2023	04:48 PM	:30	Spot	CNMS0011000	0.00
1/18/2023	07:48 AM	:30	Spot	CNMS0011000	0.00
1/18/2023	02:48 PM	:15	Spot	CNMS0012000	0.00
1/19/2023	05:48 PM	:30	Spot	CNMS0011000	0.00
1/20/2023	06:48 AM	:30	Spot	CNMS0011000	0.00
1/21/2023	06:48 AM	:30	Spot	CNMS0011000	0.00
1/22/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
1/23/2023	08:48 AM	:15	Spot	CNMS0012000	0.00
1/23/2023	12:48 PM	:30	Spot	CNMS0011000	0.00
1/24/2023	05:48 PM	:30	Spot	CNMS0011000	0.00
1/26/2023	10:48 AM	:30	Spot	CNMS0011000	0.00
1/26/2023	11:48 AM	: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

# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23010316  
Invoice Date: 1/31/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/28/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
1/29/2023	12:48 PM	:30	Spot	CNMS0011000	0.00
1/29/2023	03:48 PM	:15	Spot	CNMS0012000	0.00
1/30/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
1/31/2023	09:00 AM	:15	Spot	CNMS0012000	0.00
1/31/2023	02:48 PM	:30	Spot	CNMS0011000	0.00

32 Total Items

Total Cost:

\$0.00

Amount Due:

**\$0.00**

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23010321  
 Invoice Date: 1/31/2023  
 Account ID: 0054  
 Order ID: 0054-391  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
1/1/2023	02:48 PM	:60	PSA	CNDT0317000	0.00
1/2/2023	07:48 AM	:60	PSA	CNDT0317000	0.00
1/3/2023	10:18 AM	:30	PSA	CNDT0319000	0.00
1/4/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
1/5/2023	12:48 PM	:30	PSA	CNDT0319000	0.00
1/6/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
1/8/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
1/9/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
1/10/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
1/11/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
1/13/2023	02:48 PM	:60	PSA	CNDT0317000	0.00
1/15/2023	12:48 PM	:60	PSA	CNDT0317000	0.00
1/16/2023	08:48 AM	:60	PSA	CNDT0317000	0.00
1/17/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
1/18/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
1/19/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
1/20/2023	07:48 AM	:60	PSA	CNDT0317000	0.00
1/21/2023	11:48 AM	:30	PSA	CNDT0319000	0.00
1/22/2023	09:48 AM	:60	PSA	CNDT0317000	0.00
1/23/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
1/25/2023	07:18 PM	:60	PSA	CNDT0317000	0.00
1/26/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
1/27/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
1/29/2023	05:48 PM	: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

# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23010321  
Invoice Date: 1/31/2023

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
1/30/2023	08:48 AM	:60	PSA	CNDT0317000	0.00
1/31/2023	05:48 PM	:30	PSA	CNDT0319000	0.00
<b>26 Total Items</b>				<b>Total Cost:</b>	<b>\$0.00</b>

Amount Due: \$0.00

# LA GRAND KGDD Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215

Invoice ID: 23020058  
 Invoice Date: 2/28/2023  
 Account ID: 0148  
 Order ID: 0148-001  
 Account Rep: House Accounts

Amount Due: \$0.00

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

PSA PUBLIC AFFAIRS

Sponsor: PSA PUBLIC AFFAIRS  
 PSA PUBLIC AFFAIRS

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/5/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	PREVENCION Y ADDICIONES	0.00
2/12/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD FOR ALL - OREGON FOOD BAN	0.00
2/19/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD FOR ALL - OREGON FOOD BAN	0.00
2/26/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	DOSIS DE VACUNAS COVID 19	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 \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, NOTARY PUBLIC

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23020252  
 Invoice Date: 2/28/2023  
 Account ID: 0054  
 Order ID: 0054-318  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/2/2023	11:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/3/2023	03:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/4/2023	08:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/4/2023	02:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/4/2023	06:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/5/2023	01:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/5/2023	05:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/6/2023	02:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/6/2023	04:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/7/2023	10:48 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/7/2023	12:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/7/2023	06:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/8/2023	01:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/8/2023	05:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/9/2023	03:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/10/2023	07:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/11/2023	04:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/12/2023	12:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/12/2023	04:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/13/2023	07:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/14/2023	01:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/15/2023	11:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/16/2023	07:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/17/2023	11:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/18/2023	08:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/18/2023	09:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/18/2023	02:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/19/2023	10:48 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/19/2023	03:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/19/2023	06:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	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

# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23020252  
 Invoice Date: 2/28/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/20/2023	12:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/20/2023	06:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/21/2023	02:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/21/2023	06:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/22/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/23/2023	06:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/23/2023	07:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/25/2023	04:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/25/2023	07:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/26/2023	06:48 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/27/2023	07:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/27/2023	07:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/28/2023	07:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/28/2023	09:48 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/28/2023	10:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00

45 Total Items Total Cost: \$0.00

**Amount Due:** **\$0.00**



# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23020258  
 Invoice Date: 2/28/2023  
 Account ID: 0054  
 Order ID: 0054-374  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
2/1/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/2/2023	04:48 PM	:15	PSA	FRASES BUSTOS 1	0.00
2/3/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/5/2023	06:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/6/2023	06:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/9/2023	08:48 AM	:15	PSA	FRASES BUSTOS 5	0.00
2/10/2023	02:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/11/2023	02:48 PM	:15	PSA	FRASES BUSTOS 1	0.00
2/12/2023	10:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/13/2023	09:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/19/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/20/2023	06:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/27/2023	01:48 PM	:30	PSA	FRASES BUSTOS 6	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

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23020264  
 Invoice Date: 2/28/2023  
 Account ID: 0054  
 Order ID: 0054-388  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
2/1/2023	10:48 AM	:30	Spot	CNMS0011000	0.00
2/2/2023	07:48 AM	:30	Spot	CNMS0011000	0.00
2/4/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
2/5/2023	06:48 PM	:30	Spot	CNMS0011000	0.00
2/6/2023	06:48 PM	:30	Spot	CNMS0011000	0.00
2/7/2023	05:48 PM	:30	Spot	CNMS0011000	0.00
2/8/2023	07:48 AM	:15	Spot	CNMS0012000	0.00
2/8/2023	04:48 PM	:30	Spot	CNMS0011000	0.00
2/9/2023	07:48 AM	:15	Spot	CNMS0012000	0.00
2/9/2023	07:18 PM	:30	Spot	CNMS0011000	0.00
2/10/2023	06:48 AM	:15	Spot	CNMS0012000	0.00
2/10/2023	04:48 PM	:30	Spot	CNMS0011000	0.00
2/11/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
2/11/2023	06:48 PM	:15	Spot	CNMS0012000	0.00
2/12/2023	06:48 PM	:30	Spot	CNMS0011000	0.00
2/13/2023	12:48 PM	:15	Spot	CNMS0012000	0.00
2/14/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
2/17/2023	07:18 PM	:30	Spot	CNMS0011000	0.00
2/18/2023	12:48 PM	:30	Spot	CNMS0011000	0.00
2/19/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
2/19/2023	06:48 PM	:15	Spot	CNMS0012000	0.00
2/20/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
2/20/2023	05:48 PM	:15	Spot	CNMS0012000	0.00
2/21/2023	07:48 AM	:15	Spot	CNMS0012000	0.00
2/22/2023	04:48 PM	:15	Spot	CNMS0012000	0.00
2/23/2023	07:18 PM	:30	Spot	CNMS0011000	0.00
2/24/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
2/24/2023	06:18 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

# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23020264  
Invoice Date: 2/28/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/25/2023	09:48 AM	:30	Spot	CNMS0011000	0.00
2/27/2023	09:48 AM	:30	Spot	CNMS0011000	0.00
2/28/2023	02:48 PM	:15	Spot	CNMS0012000	0.00
2/28/2023	03:48 PM	:30	Spot	CNMS0011000	0.00

32 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23020269  
 Invoice Date: 2/28/2023  
 Account ID: 0054  
 Order ID: 0054-391  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
2/1/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
2/2/2023	02:48 PM	:30	PSA	CNDT0319000	0.00
2/3/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
2/4/2023	10:48 AM	:30	PSA	CNDT0319000	0.00
2/5/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
2/6/2023	05:48 PM	:60	PSA	CNDT0317000	0.00
2/7/2023	02:48 PM	:30	PSA	CNDT0319000	0.00
2/11/2023	07:18 PM	:30	PSA	CNDT0319000	0.00
2/14/2023	03:48 PM	:30	PSA	CNDT0319000	0.00
2/18/2023	05:48 PM	:30	PSA	CNDT0319000	0.00
2/20/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
2/23/2023	08:18 AM	:30	PSA	CNDT0319000	0.00
2/24/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
2/25/2023	08:48 AM	:30	PSA	CNDT0319000	0.00
2/27/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
2/28/2023	01:48 PM	:30	PSA	CNDT0319000	0.00
2/28/2023	07:48 PM	:60	PSA	CNDT0317000	0.00

17 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

# LA GRAND KGDD Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215

Invoice ID: 23030079  
 Invoice Date: 3/31/2023  
 Account ID: 0148  
 Order ID: 0148-001  
 Account Rep: House Accounts

Amount Due: \$0.00

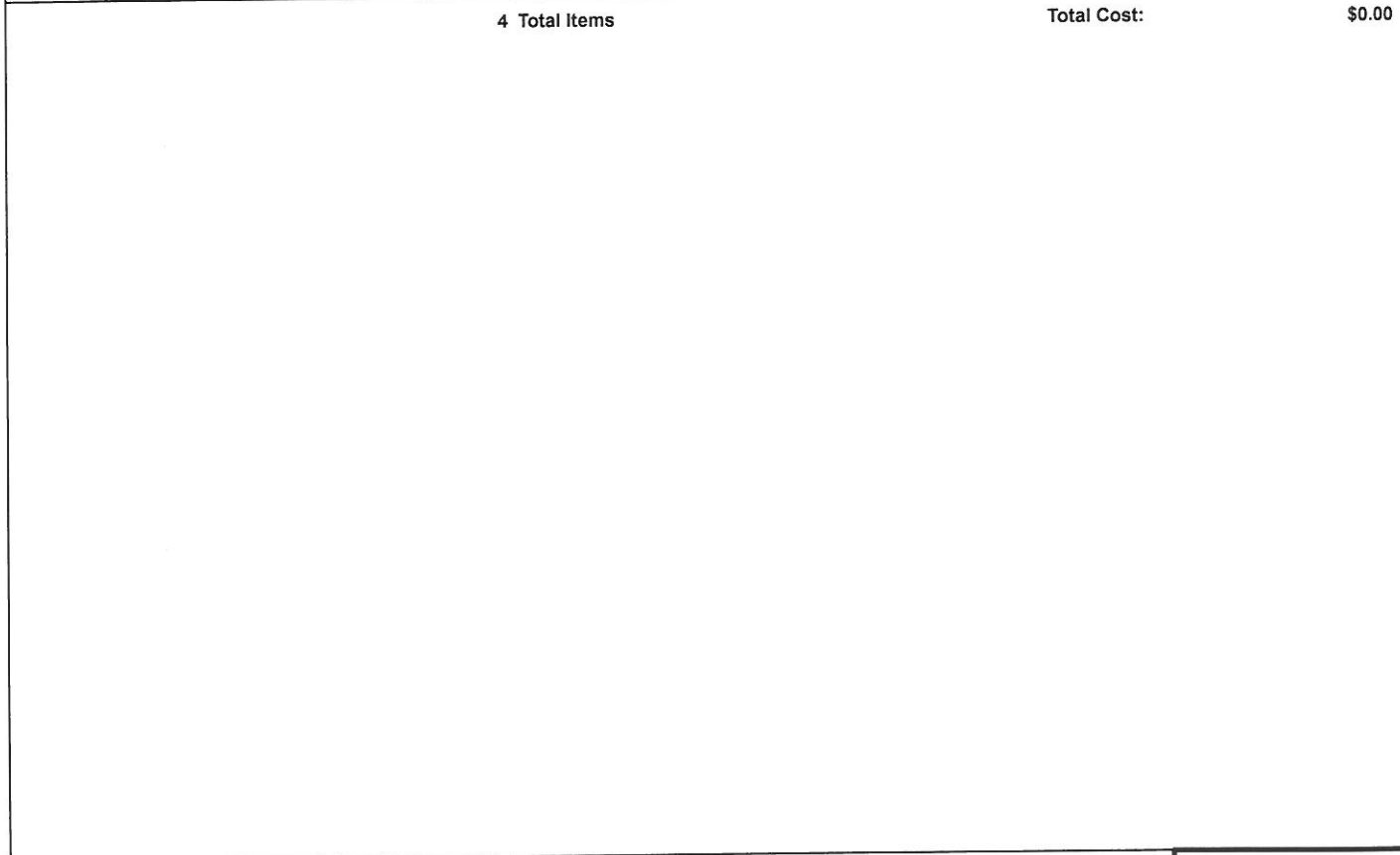
Amount Paid: \_\_\_\_\_

PSA PUBLIC AFFAIRS

Sponsor: PSA PUBLIC AFFAIRS  
 PSA PUBLIC AFFAIRS

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/5/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	DOSIS DE VACUNAS COVID 19	0.00
3/12/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	RECUPERATE ADDICTIONS	0.00
3/19/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	RECUPERATE ADDICTIONS	0.00
3/26/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	CENTRO FAMILIAR MANO A MANO	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 \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, NOTARY PUBLIC

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23030382  
 Invoice Date: 3/31/2023  
 Account ID: 0054  
 Order ID: 0054-318  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S  
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/3/2023	06:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/3/2023	04:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/3/2023	07:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/4/2023	07:48 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/6/2023	01:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/6/2023	03:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/6/2023	07:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/7/2023	02:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/7/2023	05:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/7/2023	07:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/9/2023	06:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/9/2023	07:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/10/2023	01:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/10/2023	04:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/11/2023	09:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/11/2023	12:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/11/2023	07:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/12/2023	06:48 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/12/2023	04:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/13/2023	09:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/13/2023	04:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/13/2023	06:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/14/2023	07:48 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/14/2023	11:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/14/2023	07:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/15/2023	03:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/16/2023	01:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/18/2023	11:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/18/2023	03:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/18/2023	07:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/19/2023	11:48 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/19/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/20/2023	12:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/20/2023	01:48 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

# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23030382  
 Invoice Date: 3/31/2023

Sponsor: PSA- S  
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/23/2023	07:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/25/2023	06:48 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/26/2023	05:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/26/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/28/2023	09:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/28/2023	10:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/29/2023	06:18 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/29/2023	11:18 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/29/2023	02:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/30/2023	08:18 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/30/2023	09:18 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/30/2023	09:18 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/31/2023	10:18 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/31/2023	10:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00

**48 Total Items**

**Total Cost:**

**\$0.00**

**Amount Due:**

**\$0.00**

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23030388  
 Invoice Date: 3/31/2023  
 Account ID: 0054  
 Order ID: 0054-374  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
3/3/2023	04:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/5/2023	06:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/6/2023	08:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/7/2023	05:48 PM	:15	PSA	FRASES BUSTOS 3	0.00
3/9/2023	06:48 PM	:15	PSA	FRASES BUSTOS 1	0.00
3/10/2023	08:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/11/2023	06:48 AM	:15	PSA	FRASES BUSTOS 2	0.00
3/12/2023	10:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/13/2023	07:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/15/2023	07:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/17/2023	01:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/19/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/20/2023	03:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/24/2023	09:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/26/2023	03:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/29/2023	10:18 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/30/2023	03:23 PM	:15	PSA	FRASES BUSTOS 1	0.00
3/31/2023	09:18 AM	:30	PSA	FRASES BUSTOS 6	0.00

18 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



# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23030394  
 Invoice Date: 3/31/2023  
 Account ID: 0054  
 Order ID: 0054-388  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
3/1/2023	08:18 PM	:30	Spot	CNMS0011000	0.00
3/3/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
3/3/2023	02:48 PM	:15	Spot	CNMS0012000	0.00
3/4/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
3/4/2023	03:48 PM	:15	Spot	CNMS0012000	0.00
3/5/2023	09:48 AM	:15	Spot	CNMS0012000	0.00
3/5/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
3/6/2023	10:48 AM	:15	Spot	CNMS0012000	0.00
3/6/2023	12:48 PM	:30	Spot	CNMS0011000	0.00
3/7/2023	12:48 PM	:30	Spot	CNMS0011000	0.00
3/7/2023	04:48 PM	:15	Spot	CNMS0012000	0.00
3/8/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
3/9/2023	10:48 AM	:30	Spot	CNMS0011000	0.00
3/10/2023	12:48 PM	:15	Spot	CNMS0012000	0.00
3/10/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
3/11/2023	09:48 AM	:15	Spot	CNMS0012000	0.00
3/12/2023	09:48 AM	:15	Spot	CNMS0012000	0.00
3/13/2023	10:48 AM	:30	Spot	CNMS0011000	0.00
3/13/2023	01:48 PM	:15	Spot	CNMS0012000	0.00
3/14/2023	06:48 AM	:30	Spot	CNMS0011000	0.00
3/15/2023	06:18 AM	:15	Spot	CNMS0012000	0.00
3/17/2023	07:48 AM	:15	Spot	CNMS0012000	0.00
3/18/2023	10:48 AM	:15	Spot	CNMS0012000	0.00
3/18/2023	06:48 PM	:30	Spot	CNMS0011000	0.00
3/19/2023	12:48 PM	:15	Spot	CNMS0012000	0.00
3/19/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
3/20/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
3/21/2023	10:48 AM	:30	Spot	CNMS0011000	0.00
3/22/2023	08:18 PM	:30	Spot	CNMS0011000	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

# KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23030394  
 Invoice Date: 3/31/2023

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
3/23/2023	08:18 PM	:30	Spot	CNMS0011000	0.00
3/24/2023	07:48 PM	:30	Spot	CNMS0011000	0.00
3/25/2023	07:48 AM	:30	Spot	CNMS0011000	0.00
3/26/2023	04:48 PM	:30	Spot	CNMS0011000	0.00
3/27/2023	11:48 AM	:15	Spot	CNMS0012000	0.00
3/28/2023	10:18 PM	:30	Spot	CNMS0011000	0.00
3/29/2023	08:18 AM	:30	Spot	CNMS0011000	0.00
3/29/2023	12:18 PM	:15	Spot	CNMS0012000	0.00
3/30/2023	09:18 AM	:15	Spot	CNMS0012000	0.00
3/30/2023	02:48 PM	:30	Spot	CNMS0011000	0.00

**39 Total Items**

**Total Cost:**

**\$0.00**

**Amount Due:**

**\$0.00**

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND OR 97215  
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 23030399  
 Invoice Date: 3/31/2023  
 Account ID: 0054  
 Order ID: 0054-391  
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00  
 Amount Paid: \_\_\_\_\_

PSA-S

PLEASE REMIT PAYMENT TO  
 BUSTOS MEDIA HOLDINGS LLC  
 5110 SE STARK STREET  
 PORTLAND, OR 97215

Thank you for your business!

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
3/1/2023	08:18 PM	:60	PSA	CNDT0317000	0.00
3/2/2023	02:48 PM	:30	PSA	CNDT0319000	0.00
3/4/2023	11:48 AM	:30	PSA	CNDT0319000	0.00
3/6/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
3/7/2023	01:48 PM	:30	PSA	CNDT0319000	0.00
3/9/2023	11:48 AM	:30	PSA	CNDT0319000	0.00
3/10/2023	06:48 AM	:60	PSA	CNDT0317000	0.00
3/11/2023	11:48 AM	:30	PSA	CNDT0319000	0.00
3/12/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
3/13/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
3/14/2023	10:48 AM	:30	PSA	CNDT0319000	0.00
3/15/2023	08:48 PM	:60	PSA	CNDT0317000	0.00
3/17/2023	08:18 PM	:60	PSA	CNDT0317000	0.00
3/18/2023	02:48 PM	:30	PSA	CNDT0319000	0.00
3/19/2023	12:48 PM	:60	PSA	CNDT0317000	0.00
3/20/2023	08:18 PM	:60	PSA	CNDT0317000	0.00
3/22/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
3/23/2023	07:48 PM	:30	PSA	CNDT0319000	0.00
3/25/2023	02:48 PM	:30	PSA	CNDT0319000	0.00
3/26/2023	07:18 PM	:60	PSA	CNDT0317000	0.00
3/28/2023	10:18 PM	:30	PSA	CNDT0319000	0.00
3/29/2023	10:18 PM	:60	PSA	CNDT0317000	0.00
3/31/2023	10:18 AM	:60	PSA	CNDT0317000	0.00
3/31/2023	09:48 PM	:60	PSA	CNDT0317000	0.00

24 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

# KGDD 93.5FM/ 1520AM Invoice

BUSTOS MEDIA HOLDINGS LLC  
5110 SE STARK STREET  
PORTLAND OR 97215  
503 234 5550/ 503 234 5583 FAX

Invoice ID: 23030404  
Invoice Date: 3/31/2023  
Account ID: 0054  
Order ID: 0054-392  
Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

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

PSA-S

PLEASE REMIT PAYMENT TO  
BUSTOS MEDIA HOLDINGS LLC  
5110 SE STARK STREET  
PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S- KGDD  
PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/5/2023	02:01 PM	15:00	Program	DOSIS DE VACUNAS COVID 19	0.00
<b>1 Total Items</b>				<b>Total Cost:</b>	<b>\$0.00</b>

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