



STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

3RD QUARTER – 2023

KGDD 1520AM/93.5FM

The following public service announcements on the attached sheet were aired during the period JULY 1st 2023 and SEPTEMBER 30th 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 Gaude". The signature is written in a cursive style with a long, sweeping underline.

CHITRALEKHA GADE
CHIEF ADMIN. OFFICER

BUSTOS MEDIA HOLDINGS LLC
5110 SE STARK STREET
PORTLAND OR 97215

KGDD Invoice

Invoice ID: 23070079
Invoice Date: 7/31/2023
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
7/2/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	Conoce Alcoholicos Anonimos	0.00
7/9/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	ODHS Asistencia Estampillas de comida	0.00
7/16/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	WATTSMART PACIFIC POWER SAVE M	0.00
7/23/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	ADDICION DROGA	0.00
7/30/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	ADDICION DROGA	0.00

5 Total Items

Total Cost:

\$0.00

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

Amount Due:

\$0.00

STATE OF _____
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: 23070334
 Invoice Date: 7/31/2023
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
7/1/2023	06:48 PM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
7/1/2023	07:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/1/2023	08:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/2/2023	03:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/2/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/3/2023	06:18 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/3/2023	11:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
7/3/2023	07:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
7/3/2023	08:48 PM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
7/3/2023	10:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/4/2023	04:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/4/2023	09:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/5/2023	09:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/6/2023	11:48 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
7/6/2023	04:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/6/2023	05:48 PM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
7/7/2023	01:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/7/2023	09:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/8/2023	08:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
7/9/2023	07:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/10/2023	08:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/10/2023	08:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/11/2023	07:18 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
7/12/2023	07:18 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
7/12/2023	08:18 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/12/2023	10:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/13/2023	08:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/13/2023	10:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/14/2023	10:48 PM	:30	PSA	7CRO092000 DONACION DE ORGAN	0.00
7/15/2023	08:18 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
7/16/2023	03:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
7/16/2023	05:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
7/16/2023	07:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	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: 23070334
Invoice Date: 7/31/2023

Sponsor: PSA- S
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/17/2023	08:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/17/2023	09:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/18/2023	07:18 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/18/2023	11:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/18/2023	12:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/19/2023	10:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/19/2023	11:18 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/19/2023	10:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/20/2023	07:18 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/20/2023	01:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/20/2023	02:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/21/2023	01:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/21/2023	04:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/22/2023	09:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/23/2023	04:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/23/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/23/2023	08:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/23/2023	08:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/24/2023	07:18 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/24/2023	09:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/25/2023	11:18 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/25/2023	12:18 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/26/2023	06:18 AM	:30	PSA	DISTRACTED DRIVING	0.00
7/26/2023	09:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/26/2023	10:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/27/2023	07:18 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/27/2023	03:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/27/2023	05:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/27/2023	09:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/28/2023	07:18 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
7/28/2023	09:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
7/28/2023	10:18 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
7/29/2023	01:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
7/29/2023	05:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
7/29/2023	08:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
7/31/2023	05:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
7/31/2023	07:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
7/31/2023	09:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00

71 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: 23070340
 Invoice Date: 7/31/2023
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
7/3/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/7/2023	08:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/9/2023	07:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/10/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/12/2023	10:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/14/2023	09:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/15/2023	01:48 PM	:15	PSA	FRASES BUSTOS 2	0.00
7/16/2023	03:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/19/2023	09:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/21/2023	02:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/23/2023	07:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/24/2023	08:18 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/26/2023	09:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
7/28/2023	06:18 AM	:30	PSA	FRASES BUSTOS 6	0.00
7/31/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00

15 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: 23070346
 Invoice Date: 7/31/2023
 Account ID: 0054
 Order ID: 0054-391
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
7/1/2023	07:48 PM	:30	PSA	CNDT0319000	0.00
7/2/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
7/3/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
7/4/2023	08:18 PM	:30	PSA	CNDT0319000	0.00
7/5/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
7/6/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
7/7/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
7/9/2023	08:48 PM	:60	PSA	CNDT0317000	0.00
7/10/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
7/11/2023	08:48 PM	:30	PSA	CNDT0319000	0.00
7/12/2023	04:18 PM	:60	PSA	CNDT0317000	0.00
7/14/2023	07:18 AM	:60	PSA	CNDT0317000	0.00
7/15/2023	01:48 PM	:30	PSA	CNDT0319000	0.00
7/16/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
7/17/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
7/18/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
7/21/2023	11:18 AM	:60	PSA	CNDT0317000	0.00
7/22/2023	12:18 PM	:30	PSA	CNDT0319000	0.00
7/23/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
7/24/2023	11:18 AM	:60	PSA	CNDT0317000	0.00
7/25/2023	08:18 AM	:30	PSA	CNDT0319000	0.00
7/26/2023	10:18 AM	:60	PSA	CNDT0317000	0.00
7/27/2023	08:18 AM	:30	PSA	CNDT0319000	0.00
7/27/2023	04:18 PM	:60	PSA	CNDT0317000	0.00
7/28/2023	08:18 AM	: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

KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23070346
Invoice Date: 7/31/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
7/29/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
7/30/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
7/31/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
28 Total Items				Total Cost:	\$0.00

Amount Due: \$0.00

BUSTOS MEDIA HOLDINGS LLC
5110 SE STARK STREET
PORTLAND OR 97215

KGDD Invoice

Invoice ID: 23080083
Invoice Date: 8/31/2023
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
8/6/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FANTANILO ADICCION	0.00
8/13/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	SENTANILO ADICCIONES	0.00
8/20/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	SENTANILO ADICCIONES	0.00
8/27/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	WATTSMART - ENERGY SAVER	0.00

4 Total Items

Total Cost:

\$0.00

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

Amount Due:

\$0.00

STATE OF
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: 23080330
 Invoice Date: 8/31/2023
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
8/1/2023	08:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/2/2023	10:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/3/2023	10:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/5/2023	02:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/5/2023	05:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/5/2023	07:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/6/2023	11:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/6/2023	04:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/6/2023	06:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/7/2023	10:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/7/2023	05:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/9/2023	03:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/10/2023	07:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/10/2023	09:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/11/2023	12:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/11/2023	06:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/11/2023	07:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/12/2023	06:48 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/12/2023	01:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/12/2023	06:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
8/13/2023	10:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
8/13/2023	11:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/13/2023	03:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/13/2023	03:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/14/2023	03:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/14/2023	04:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
8/14/2023	09:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/16/2023	07:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/17/2023	08:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/17/2023	09:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
8/18/2023	08:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
8/18/2023	08:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
8/19/2023	08:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	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: 23080330
 Invoice Date: 8/31/2023

Sponsor: PSA- S
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/19/2023	08:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/20/2023	09:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/20/2023	10:48 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/20/2023	01:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/20/2023	04:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/21/2023	09:18 AM	:30	PSA	DISTRACTED DRIVING	0.00
8/21/2023	10:18 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/22/2023	06:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/22/2023	08:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/22/2023	10:21 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/24/2023	06:18 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/24/2023	08:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/24/2023	09:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/25/2023	07:18 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/25/2023	09:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/27/2023	06:18 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
8/27/2023	04:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
8/27/2023	07:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/28/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/28/2023	07:18 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
8/28/2023	09:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/29/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
8/30/2023	09:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
8/30/2023	10:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
8/31/2023	07:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
8/31/2023	08:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
8/31/2023	10:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00

60 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: 23080336
 Invoice Date: 8/31/2023
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
8/6/2023	09:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/7/2023	07:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/11/2023	11:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/12/2023	08:48 PM	:15	PSA	FRASES BUSTOS 2	0.00
8/13/2023	10:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/14/2023	07:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/16/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/18/2023	07:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/20/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/21/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/23/2023	10:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/24/2023	09:18 AM	:15	PSA	FRASES BUSTOS 4	0.00
8/25/2023	06:18 AM	:30	PSA	FRASES BUSTOS 6	0.00
8/27/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/28/2023	07:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
8/30/2023	11:18 AM	:30	PSA	FRASES BUSTOS 6	0.00

16 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: 23080342
 Invoice Date: 8/31/2023
 Account ID: 0054
 Order ID: 0054-391
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
8/1/2023	07:48 PM	:30	PSA	CNDT0319000	0.00
8/3/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
8/4/2023	09:18 AM	:60	PSA	CNDT0317000	0.00
8/4/2023	10:48 PM	:60	PSA	CNDT0317000	0.00
8/5/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
8/6/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
8/7/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
8/10/2023	07:48 PM	:30	PSA	CNDT0319000	0.00
8/11/2023	07:18 PM	:60	PSA	CNDT0317000	0.00
8/11/2023	09:48 PM	:60	PSA	CNDT0317000	0.00
8/12/2023	07:48 AM	:60	PSA	CNDT0317000	0.00
8/12/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
8/12/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
8/13/2023	09:48 PM	:60	PSA	CNDT0317000	0.00
8/14/2023	05:48 PM	:60	PSA	CNDT0317000	0.00
8/15/2023	07:18 PM	:30	PSA	CNDT0319000	0.00
8/16/2023	08:18 PM	:60	PSA	CNDT0317000	0.00
8/17/2023	08:48 PM	:30	PSA	CNDT0319000	0.00
8/18/2023	02:48 PM	:60	PSA	CNDT0317000	0.00
8/19/2023	04:48 PM	:30	PSA	CNDT0319000	0.00
8/20/2023	06:48 AM	:60	PSA	CNDT0317000	0.00
8/21/2023	09:48 PM	:60	PSA	CNDT0317000	0.00
8/22/2023	10:48 PM	:30	PSA	CNDT0319000	0.00
8/23/2023	09:48 PM	:60	PSA	CNDT0317000	0.00
8/24/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
8/25/2023	10:18 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

KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23080342
Invoice Date: 8/31/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
8/26/2023	05:18 PM	:30	PSA	CNDT0319000	0.00
8/27/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
8/28/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
8/29/2023	10:18 PM	:30	PSA	CNDT0319000	0.00
8/30/2023	12:18 PM	:60	PSA	CNDT0317000	0.00
8/31/2023	08:18 PM	:30	PSA	CNDT0319000	0.00
32 Total Items				Total Cost:	\$0.00

Amount Due: \$0.00

BUSTOS MEDIA HOLDINGS LLC
5110 SE STARK STREET
PORTLAND OR 97215

KGDD Invoice

Invoice ID: 23090092
Invoice Date: 9/30/2023
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
9/3/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	WATTSMART - ENERGY SAVER	0.00
9/10/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	COVERTURA NINOS PLAN SALUD	0.00
9/17/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	WATTSMART	0.00
9/24/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	DEPT. OF HUMAN SERVICES- FOOD S	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: 23090299
 Invoice Date: 9/30/2023
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
9/1/2023	07:18 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/1/2023	07:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/2/2023	08:18 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/3/2023	09:48 AM	:30	PSA	DISTRACTED DRIVING	0.00
9/3/2023	03:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/3/2023	06:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/5/2023	06:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/6/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/6/2023	07:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/7/2023	06:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/7/2023	09:03 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/8/2023	06:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/8/2023	09:18 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
9/10/2023	11:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/13/2023	09:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/14/2023	07:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/14/2023	08:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/15/2023	07:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/15/2023	09:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/16/2023	04:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/16/2023	05:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
9/17/2023	07:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/18/2023	02:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/18/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
9/19/2023	01:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/19/2023	03:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/19/2023	03:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
9/20/2023	07:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/20/2023	10:18 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
9/20/2023	06:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
9/20/2023	10:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
9/21/2023	10:48 AM	: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

KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23090299
 Invoice Date: 9/30/2023

Sponsor: PSA- S
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/21/2023	12:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/22/2023	06:48 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/22/2023	07:48 AM	:30	PSA	DISTRACTED DRIVING	0.00
9/22/2023	10:48 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/23/2023	08:48 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/23/2023	12:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/23/2023	02:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/24/2023	01:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/24/2023	04:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/24/2023	07:18 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/25/2023	11:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/25/2023	12:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/25/2023	11:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/26/2023	07:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
9/26/2023	01:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/27/2023	02:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
9/27/2023	04:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
9/28/2023	10:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
9/28/2023	02:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/28/2023	06:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
9/28/2023	11:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
9/29/2023	06:48 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/29/2023	02:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/29/2023	10:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/30/2023	06:18 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/30/2023	07:48 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
9/30/2023	03:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
9/30/2023	10:41 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00

60 Total Items	Total Cost:	\$0.00
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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: 23090305
 Invoice Date: 9/30/2023
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
9/1/2023	08:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/3/2023	02:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/4/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/6/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/8/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/11/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/17/2023	06:18 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/18/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/19/2023	03:18 PM	:15	PSA	FRASES BUSTOS 4	0.00
9/20/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/20/2023	10:48 PM	:15	PSA	FRASES BUSTOS 4	0.00
9/21/2023	06:48 AM	:15	PSA	FRASES BUSTOS 3	0.00
9/21/2023	07:48 PM	:15	PSA	FRASES BUSTOS 1	0.00
9/22/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/24/2023	11:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
9/25/2023	05:48 PM	:15	PSA	FRASES BUSTOS 5	0.00
9/26/2023	08:03 AM	:15	PSA	FRASES BUSTOS 3	0.00
9/27/2023	04:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/28/2023	03:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/29/2023	08:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
9/30/2023	09:18 AM	:15	PSA	FRASES BUSTOS 4	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

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: 23090311
 Invoice Date: 9/30/2023
 Account ID: 0054
 Order ID: 0054-391
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
9/2/2023	07:18 AM	:30	PSA	CNDT0319000	0.00
9/3/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
9/4/2023	07:18 PM	:60	PSA	CNDT0317000	0.00
9/5/2023	09:18 PM	:30	PSA	CNDT0319000	0.00
9/9/2023	02:48 PM	:30	PSA	CNDT0319000	0.00
9/10/2023	12:48 PM	:60	PSA	CNDT0317000	0.00
9/12/2023	07:48 PM	:30	PSA	CNDT0319000	0.00
9/14/2023	08:18 PM	:30	PSA	CNDT0319000	0.00
9/15/2023	08:18 PM	:60	PSA	CNDT0317000	0.00
9/16/2023	11:48 AM	:30	PSA	CNDT0319000	0.00
9/17/2023	08:48 AM	:60	PSA	CNDT0317000	0.00
9/18/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
9/19/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
9/20/2023	08:48 PM	:60	PSA	CNDT0317000	0.00
9/21/2023	02:18 PM	:30	PSA	CNDT0319000	0.00
9/22/2023	11:18 AM	:60	PSA	CNDT0317000	0.00
9/22/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
9/23/2023	06:48 AM	:30	PSA	CNDT0319000	0.00
9/23/2023	07:48 AM	:60	PSA	CNDT0317000	0.00
9/24/2023	12:48 PM	:60	PSA	CNDT0317000	0.00
9/25/2023	09:48 PM	:60	PSA	CNDT0317000	0.00
9/26/2023	12:48 PM	:60	PSA	CNDT0317000	0.00
9/26/2023	01:18 PM	:60	PSA	CNDT0317000	0.00
9/26/2023	03:48 PM	:30	PSA	CNDT0319000	0.00
9/27/2023	06:48 AM	:60	PSA	CNDT0317000	0.00
9/27/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
9/27/2023	11:48 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

KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23090311
 Invoice Date: 9/30/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
9/28/2023	07:48 AM	:60	PSA	CNDT0317000	0.00
9/28/2023	10:48 AM	:60	PSA	CNDT0317000	0.00
9/28/2023	01:18 PM	:60	PSA	CNDT0317000	0.00
9/28/2023	02:48 PM	:30	PSA	CNDT0319000	0.00
9/28/2023	04:48 PM	:30	PSA	CNDT0319000	0.00
9/28/2023	10:18 PM	:30	PSA	CNDT0319000	0.00
9/29/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
9/29/2023	06:18 PM	:60	PSA	CNDT0317000	0.00
9/29/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
9/29/2023	08:48 PM	:60	PSA	CNDT0317000	0.00
9/29/2023	11:48 PM	:60	PSA	CNDT0317000	0.00
9/30/2023	07:18 AM	:30	PSA	CNDT0319000	0.00

39 Total Items

Total Cost:

\$0.00

Amount Due: \$0.00