



STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

4th QUARTER – 2023

KGDD 1520 AM/ 93.5 FM

The following public service announcements on the attached sheet were aired during the period OCTOBER 1st 2023 and DECEMBER 31st 2023 on the station indicated. All public service and public affairs programs were aired on the stations listed above.

A handwritten signature in black ink that reads "Chitralekha Gaide". The signature is fluid and cursive, 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: 23100087
Invoice Date: 10/31/2023
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 |
|---------------|----------|--------|------------------------|---------------------------------|--------|
| 10/1/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | DEPT. OF HUMAN SERVICES- FOOD S | 0.00 |
| 10/8/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | CREDITOS AYUDA PARA NEGOCIOS | 0.00 |
| 10/15/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | CREDITOS AYUDA PARA NEGOCIOS | 0.00 |
| 10/22/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | KEEP COVERED OREGON OHP | 0.00 |
| 10/29/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | CENTRO FAMILIAR MANO A MANO | 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: 23100320
Invoice Date: 10/31/2023
Account ID: 0054
Order ID: 0054-318
Account Rep: HOUSE ACCOUNTS/ AMA

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 |
|------------|----------|--------|-------------|----------------------------------|------|
| 10/1/2023 | 06:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 10/1/2023 | 05:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 10/2/2023 | 10:48 AM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/2/2023 | 06:48 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/4/2023 | 08:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 10/4/2023 | 08:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 10/5/2023 | 08:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 10/5/2023 | 09:18 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 10/5/2023 | 10:18 AM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/6/2023 | 09:18 AM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 10/6/2023 | 04:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 10/7/2023 | 01:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 10/7/2023 | 06:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 10/8/2023 | 11:48 AM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/8/2023 | 02:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 10/8/2023 | 03:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 10/9/2023 | 08:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 10/9/2023 | 09:18 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 10/11/2023 | 06:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 10/11/2023 | 07:18 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 10/13/2023 | 09:18 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 10/14/2023 | 01:18 PM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 10/14/2023 | 05:43 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 10/14/2023 | 06:46 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 10/15/2023 | 04:48 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/15/2023 | 05:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 10/16/2023 | 01:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 10/16/2023 | 05:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 10/16/2023 | 06:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 10/17/2023 | 08:48 AM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 10/17/2023 | 01:48 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/17/2023 | 10:18 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 10/18/2023 | 08:48 AM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 10/18/2023 | 06:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |

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

Continued

STATE OF: OREGON

COUNTY OF:

Subscribed and sworn before me this _____ day of _____

_____, NOTARY PUBLIC

KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23100320
Invoice Date: 10/31/2023

Sponsor: PSA- S
PSA- S

Page 2

| Date | Time | Length | Description | CopyID / ISCI Code | Cost |
|------------|----------|--------|-------------|-----------------------------|------|
| 10/18/2023 | 07:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 10/19/2023 | 06:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 10/19/2023 | 07:18 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 10/19/2023 | 03:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 10/20/2023 | 03:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 10/20/2023 | 04:48 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 10/21/2023 | 06:18 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 10/21/2023 | 04:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 10/22/2023 | 06:48 AM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 10/22/2023 | 09:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 10/22/2023 | 10:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 10/23/2023 | 01:48 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/24/2023 | 09:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 10/25/2023 | 07:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 10/25/2023 | 10:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 10/26/2023 | 10:18 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 10/26/2023 | 05:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 10/26/2023 | 09:18 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 10/27/2023 | 06:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 10/27/2023 | 08:18 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 10/27/2023 | 09:18 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 10/28/2023 | 04:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 10/28/2023 | 05:51 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 10/28/2023 | 06:46 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 10/29/2023 | 12:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 10/30/2023 | 06:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 10/30/2023 | 04:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 10/30/2023 | 05:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 10/31/2023 | 03:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 10/31/2023 | 05:48 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 10/31/2023 | 09:48 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |

65 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: 23100326
Invoice Date: 10/31/2023
Account ID: 0054
Order ID: 0054-374
Account Rep: HOUSE ACCOUNTS/ AMA

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 |
|------------|----------|--------|-------------|--------------------|------|
| 10/1/2023 | 03:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/2/2023 | 08:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/4/2023 | 09:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/6/2023 | 07:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/8/2023 | 08:48 AM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/9/2023 | 06:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/15/2023 | 02:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/17/2023 | 07:18 AM | :15 | PSA | FRASES BUSTOS 3 | 0.00 |
| 10/18/2023 | 05:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/22/2023 | 12:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/23/2023 | 09:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/25/2023 | 09:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/26/2023 | 09:18 PM | :15 | PSA | FRASES BUSTOS 2 | 0.00 |
| 10/27/2023 | 07:18 AM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/29/2023 | 11:48 AM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 10/30/2023 | 12:48 PM | :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: 23100332
Invoice Date: 10/31/2023
Account ID: 0054
Order ID: 0054-391
Account Rep: HOUSE ACCOUNTS/ AMA

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 |
|----------------|----------|--------|-------------|--------------------|--------------------|
| 10/1/2023 | 03:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/1/2023 | 07:18 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/2/2023 | 12:18 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/2/2023 | 11:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/4/2023 | 06:18 AM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/5/2023 | 10:18 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/6/2023 | 09:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/7/2023 | 08:48 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/8/2023 | 05:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/11/2023 | 09:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/12/2023 | 08:48 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/13/2023 | 10:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/14/2023 | 05:35 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/17/2023 | 09:48 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/19/2023 | 08:48 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/20/2023 | 08:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/22/2023 | 08:18 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/24/2023 | 09:48 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/25/2023 | 08:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/26/2023 | 09:18 AM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/27/2023 | 09:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/28/2023 | 06:18 AM | :30 | PSA | CNDT0319000 | 0.00 |
| 10/29/2023 | 07:18 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/30/2023 | 06:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 10/31/2023 | 09:48 PM | :30 | PSA | CNDT0319000 | 0.00 |
| 25 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

BUSTOS MEDIA HOLDINGS LLC
5110 SE STARK STREET
PORTLAND OR 97215

KGDD Invoice

Invoice ID: 23110074
Invoice Date: 11/30/2023
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 |
|---------------|----------|--------|------------------------|-----------------------------|--------|
| 11/5/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | CENTRO FAMILIAR MANO A MANO | 0.00 |
| 11/12/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | CENTRO FAMILIAR MANO A MANO | 0.00 |
| 11/19/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | WATT SMART | 0.00 |
| 11/26/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | WATT SMART | 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: 23110235
Invoice Date: 11/30/2023
Account ID: 0054
Order ID: 0054-318
Account Rep: HOUSE ACCOUNTS/ AMA

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 |
|------------|----------|--------|-------------|----------------------------------|------|
| 11/1/2023 | 06:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 11/1/2023 | 11:48 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/1/2023 | 03:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 11/2/2023 | 09:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 11/2/2023 | 02:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 11/3/2023 | 09:18 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 11/4/2023 | 06:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 11/4/2023 | 06:54 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 11/5/2023 | 08:48 AM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 11/5/2023 | 01:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 11/5/2023 | 06:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 11/6/2023 | 09:48 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/6/2023 | 06:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 11/6/2023 | 07:48 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 11/7/2023 | 07:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 11/7/2023 | 11:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 11/7/2023 | 01:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 11/8/2023 | 08:48 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 11/8/2023 | 12:48 PM | :30 | PSA | VYSJ0475000H ST JUDE'S | 0.00 |
| 11/8/2023 | 07:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 11/9/2023 | 12:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 11/9/2023 | 01:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/9/2023 | 03:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 11/10/2023 | 11:48 AM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 11/10/2023 | 07:18 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 11/10/2023 | 09:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 11/11/2023 | 05:43 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/11/2023 | 05:51 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 11/12/2023 | 11:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 11/12/2023 | 03:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 11/12/2023 | 06:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 11/13/2023 | 06:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 11/13/2023 | 09:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 11/14/2023 | 07:48 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/14/2023 | 02:48 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

KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23110235
Invoice Date: 11/30/2023

Sponsor: PSA- S
PSA- S

Page 2

| Date | Time | Length | Description | CopyID / ISCI Code | Cost |
|------------|----------|--------|-------------|-----------------------------|------|
| 11/15/2023 | 08:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 11/15/2023 | 05:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 11/15/2023 | 09:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 11/16/2023 | 06:18 AM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 11/16/2023 | 07:48 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 11/16/2023 | 11:48 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 11/17/2023 | 01:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/17/2023 | 05:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 11/18/2023 | 07:48 AM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 11/18/2023 | 10:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 11/18/2023 | 02:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 11/19/2023 | 06:48 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 11/19/2023 | 03:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/20/2023 | 03:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 11/20/2023 | 06:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 11/20/2023 | 09:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 11/22/2023 | 07:18 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/24/2023 | 07:48 AM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 11/24/2023 | 01:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 11/25/2023 | 07:18 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 11/25/2023 | 08:18 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/25/2023 | 09:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 11/25/2023 | 10:18 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 11/25/2023 | 11:48 AM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 11/25/2023 | 12:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 11/25/2023 | 06:46 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/26/2023 | 06:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 11/26/2023 | 04:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 11/26/2023 | 06:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 11/27/2023 | 11:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 11/27/2023 | 12:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 11/28/2023 | 05:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 11/28/2023 | 06:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 11/29/2023 | 06:18 AM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 11/29/2023 | 06:48 AM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 11/29/2023 | 12:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 11/30/2023 | 06:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 11/30/2023 | 07:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |

73 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: 23110241
Invoice Date: 11/30/2023
Account ID: 0054
Order ID: 0054-374
Account Rep: HOUSE ACCOUNTS/ AMAI

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 |
|----------------|----------|--------|-------------|--------------------|--------|
| 11/1/2023 | 02:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/6/2023 | 11:48 AM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/8/2023 | 10:48 AM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/10/2023 | 08:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/11/2023 | 05:51 PM | :15 | PSA | FRASES BUSTOS 5 | 0.00 |
| 11/12/2023 | 04:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/14/2023 | 01:48 PM | :15 | PSA | FRASES BUSTOS 1 | 0.00 |
| 11/15/2023 | 09:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/16/2023 | 09:18 PM | :15 | PSA | FRASES BUSTOS 2 | 0.00 |
| 11/18/2023 | 11:18 AM | :15 | PSA | FRASES BUSTOS 3 | 0.00 |
| 11/19/2023 | 07:48 AM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/22/2023 | 04:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/24/2023 | 02:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 11/29/2023 | 08:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 14 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: 23110247
Invoice Date: 11/30/2023
Account ID: 0054
Order ID: 0054-391
Account Rep: HOUSE ACCOUNTS/ AMAI

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 |
|-----------|----------|--------|-------------|--------------------|------|
| 11/1/2023 | 05:48 PM | :60 | PSA | CNDT0317000 | 0.00 |
| 11/2/2023 | 08:48 AM | :30 | PSA | CNDT0319000 | 0.00 |
| 11/3/2023 | 05:48 PM | :60 | PSA | CNDT0317000 | 0.00 |

3 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 Invoice

BUSTOS MEDIA HOLDINGS LLC
5110 SE STARK STREET
PORTLAND OR 97215

Invoice ID: 23120092
Invoice Date: 12/31/2023
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 |
|---------------|----------|--------|------------------------|-------------------------|--------------------|
| 12/3/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | WATT SMART | 0.00 |
| 12/10/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | MANO A MANO | 0.00 |
| 12/17/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | MANO A MANO | 0.00 |
| 12/24/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | MANO A MANO | 0.00 |
| 12/31/2023 | 09:30 AM | 15:00 | PUBLIC AFFAIRS PROGRAM | Whattsmart Ahora dinero | 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: 23120297
Invoice Date: 12/31/2023
Account ID: 0054
Order ID: 0054-318
Account Rep: HOUSE ACCOUNTS/ AMA

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 |
|------------|----------|--------|-------------|----------------------------------|------|
| 12/1/2023 | 07:18 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/3/2023 | 07:18 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/4/2023 | 06:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 12/4/2023 | 07:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 12/5/2023 | 07:48 AM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 12/5/2023 | 12:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/6/2023 | 02:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 12/6/2023 | 07:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 12/6/2023 | 08:18 PM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 12/7/2023 | 08:48 AM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 12/7/2023 | 10:48 AM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 12/7/2023 | 12:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 12/8/2023 | 06:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/9/2023 | 06:48 AM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 12/9/2023 | 03:18 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 12/9/2023 | 04:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 12/10/2023 | 07:48 AM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 12/10/2023 | 11:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 12/10/2023 | 02:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 12/11/2023 | 08:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 12/11/2023 | 09:48 AM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 12/11/2023 | 01:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 12/12/2023 | 06:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 12/12/2023 | 08:48 AM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 12/12/2023 | 12:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 12/12/2023 | 03:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 12/12/2023 | 08:18 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY ADMI | 0.00 |
| 12/12/2023 | 08:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREPARE | 0.00 |
| 12/12/2023 | 09:18 PM | :30 | PSA | CNAT0532000 AUTISM AWARENESS | 0.00 |
| 12/12/2023 | 09:48 PM | :30 | PSA | 7CRO0092000 DONACION DE ORGAN | 0.00 |
| 12/13/2023 | 08:18 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWAREN | 0.00 |
| 12/13/2023 | 09:18 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/13/2023 | 10:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 12/13/2023 | 05:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 12/13/2023 | 08:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT MENTA | 0.00 |
| 12/13/2023 | 10:18 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: 23120297
Invoice Date: 12/31/2023

Sponsor: PSA- S
PSA- S

Page 2

| Date | Time | Length | Description | CopyID / ISCI Code | Cost |
|----------------|----------|--------|-------------|-----------------------------|--------|
| 12/14/2023 | 07:18 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 12/14/2023 | 08:18 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 12/14/2023 | 09:18 AM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 12/14/2023 | 10:18 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/14/2023 | 11:18 AM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 12/14/2023 | 04:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 12/14/2023 | 09:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 12/15/2023 | 09:18 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/16/2023 | 03:18 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 12/17/2023 | 03:18 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 12/17/2023 | 06:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/18/2023 | 06:18 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 12/18/2023 | 07:18 AM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 12/18/2023 | 01:48 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 12/19/2023 | 06:18 AM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 12/19/2023 | 03:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/19/2023 | 05:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 12/20/2023 | 01:48 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 12/20/2023 | 03:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 12/20/2023 | 06:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 12/21/2023 | 07:48 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/21/2023 | 09:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/22/2023 | 04:18 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 12/22/2023 | 05:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 12/22/2023 | 09:48 PM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 12/23/2023 | 08:48 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/23/2023 | 11:48 AM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 12/24/2023 | 06:48 AM | :30 | PSA | 1SSA0044000 SOCIAL SECURITY | 0.00 |
| 12/24/2023 | 01:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 12/24/2023 | 06:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/25/2023 | 10:48 AM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 12/25/2023 | 06:48 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 12/25/2023 | 07:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 12/25/2023 | 09:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/26/2023 | 09:48 AM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/26/2023 | 11:48 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/27/2023 | 07:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 12/28/2023 | 02:48 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 12/28/2023 | 06:48 PM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/28/2023 | 09:48 PM | :30 | PSA | CNAT0532000 AUTISM AWARENE | 0.00 |
| 12/29/2023 | 01:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 12/29/2023 | 09:48 PM | :30 | PSA | DISTRACTED DRIVING | 0.00 |
| 12/30/2023 | 03:48 PM | :30 | PSA | CNFE0357000 EMERGENCY PREP | 0.00 |
| 12/31/2023 | 11:48 AM | :30 | PSA | CNAL0022000 ALZHEIMER'S AWA | 0.00 |
| 12/31/2023 | 01:48 PM | :30 | PSA | 7CRO0092000 DONACION DE OR | 0.00 |
| 12/31/2023 | 05:48 PM | :30 | PSA | SARM0240000 SAMHSA ADULT M | 0.00 |
| 82 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: 23120303
Invoice Date: 12/31/2023
Account ID: 0054
Order ID: 0054-374
Account Rep: HOUSE ACCOUNTS/ AMA

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 |
|------------|----------|--------|-------------|--------------------|------|
| 12/5/2023 | 07:48 PM | :15 | PSA | FRASES BUSTOS 1 | 0.00 |
| 12/6/2023 | 03:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/8/2023 | 07:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/10/2023 | 02:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/11/2023 | 06:18 AM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/13/2023 | 09:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/14/2023 | 10:48 PM | :15 | PSA | FRASES BUSTOS 4 | 0.00 |
| 12/15/2023 | 09:18 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/20/2023 | 07:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/22/2023 | 07:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/24/2023 | 03:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/25/2023 | 03:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/27/2023 | 09:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/29/2023 | 04:48 PM | :30 | PSA | FRASES BUSTOS 6 | 0.00 |
| 12/31/2023 | 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