



STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

2ND QUARTER – 2023

KGDD 1520 AM/ 93.5FM

The following public service announcements on the attached sheet were aired during the period APRIL 1st 2023 and JUNE 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 Gade". The signature is fluid and cursive, with a prominent flourish at the end.

Chitralekha Gade
Chief Administrative Officer

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215

KGDD Invoice

Invoice ID: 23040040
 Invoice Date: 4/30/2023
 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
4/2/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	CENTRO FAMILIAR MANO A MANO	0.00
4/9/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FAMILIA ALANON	0.00
4/16/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FAMILIA ALANON	0.00
4/23/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD BOXES	0.00
4/30/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD BOXES	0.00

5 Total Items

Total Cost:

\$0.00

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

Amount Due: \$0.00

 STATE OF _____
 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: 23040318
 Invoice Date: 4/30/2023
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
4/1/2023	05:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/1/2023	07:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
4/2/2023	01:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/2/2023	05:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/3/2023	05:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/4/2023	09:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/6/2023	09:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/6/2023	08:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/7/2023	07:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/7/2023	01:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/8/2023	07:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/8/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/9/2023	04:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/9/2023	07:18 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/9/2023	07:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/10/2023	03:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/10/2023	03:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/10/2023	06:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/12/2023	04:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/12/2023	07:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/14/2023	12:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/15/2023	06:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/15/2023	07:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
4/15/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/17/2023	08:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/18/2023	05:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/18/2023	06:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
4/18/2023	09:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/19/2023	12:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
4/20/2023	08:48 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
4/20/2023	06:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
4/21/2023	03:48 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: 23040318
Invoice Date: 4/30/2023

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/23/2023	03:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/27/2023	10:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
4/29/2023	06:18 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
4/29/2023	08:18 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
4/29/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
4/30/2023	12:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
4/30/2023	02:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
4/30/2023	07:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	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: 23040324
 Invoice Date: 4/30/2023
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
4/2/2023	07:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/4/2023	06:48 PM	:15	PSA	FRASES BUSTOS 4	0.00
4/7/2023	07:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/8/2023	04:48 PM	:15	PSA	FRASES BUSTOS 2	0.00
4/9/2023	11:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
4/10/2023	04:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/19/2023	03:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/23/2023	07:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/24/2023	08:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
4/29/2023	09:18 AM	:15	PSA	FRASES BUSTOS 2	0.00
4/30/2023	07:48 PM	:30	PSA	FRASES BUSTOS 6	0.00

11 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: 23040330
 Invoice Date: 4/30/2023
 Account ID: 0054
 Order ID: 0054-388
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
4/1/2023	11:48 AM	:15	Spot	CNMS0012000	0.00
4/1/2023	03:48 PM	:30	Spot	CNMS0011000	0.00
4/4/2023	04:03 PM	:15	Spot	CNMS0012000	0.00
4/5/2023	03:48 PM	:15	Spot	CNMS0012000	0.00
4/5/2023	07:18 PM	:30	Spot	CNMS0011000	0.00
4/6/2023	03:48 PM	:15	Spot	CNMS0012000	0.00
4/7/2023	12:18 PM	:30	Spot	CNMS0011000	0.00
4/8/2023	02:48 PM	:15	Spot	CNMS0012000	0.00
4/8/2023	07:18 PM	:30	Spot	CNMS0011000	0.00
4/9/2023	01:48 PM	:15	Spot	CNMS0012000	0.00
4/10/2023	01:48 PM	:30	Spot	CNMS0011000	0.00
4/11/2023	05:48 PM	:30	Spot	CNMS0011000	0.00
4/12/2023	01:48 PM	:15	Spot	CNMS0012000	0.00
4/12/2023	02:48 PM	:30	Spot	CNMS0011000	0.00
4/15/2023	04:48 PM	:30	Spot	CNMS0011000	0.00
4/15/2023	08:18 PM	:15	Spot	CNMS0012000	0.00
4/18/2023	03:48 PM	:15	Spot	CNMS0012000	0.00
4/18/2023	04:48 PM	:30	Spot	CNMS0011000	0.00
4/19/2023	09:48 AM	:30	Spot	CNMS0011000	0.00
4/20/2023	12:48 PM	:30	Spot	CNMS0011000	0.00
4/21/2023	04:48 PM	:15	Spot	CNMS0012000	0.00
4/22/2023	08:18 PM	:30	Spot	CNMS0011000	0.00
4/23/2023	11:48 AM	:30	Spot	CNMS0011000	0.00
4/26/2023	08:18 PM	:30	Spot	CNMS0011000	0.00
4/27/2023	09:48 PM	:30	Spot	CNMS0011000	0.00
4/28/2023	04:48 PM	:15	Spot	CNMS0012000	0.00
26 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: 23040335
 Invoice Date: 4/30/2023
 Account ID: 0054
 Order ID: 0054-391
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/2/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
4/4/2023	08:18 PM	:30	PSA	CNDT0319000	0.00
4/5/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
4/6/2023	09:18 AM	:30	PSA	CNDT0319000	0.00
4/7/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
4/8/2023	08:18 PM	:30	PSA	CNDT0319000	0.00
4/9/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
4/10/2023	08:48 AM	:60	PSA	CNDT0317000	0.00
4/11/2023	10:48 AM	:30	PSA	CNDT0319000	0.00
4/12/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
4/12/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
4/14/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
4/15/2023	01:48 PM	:30	PSA	CNDT0319000	0.00
4/17/2023	02:48 PM	:60	PSA	CNDT0317000	0.00
4/18/2023	10:48 AM	:30	PSA	CNDT0319000	0.00
4/19/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
4/20/2023	07:48 PM	:30	PSA	CNDT0319000	0.00
4/23/2023	05:48 PM	:60	PSA	CNDT0317000	0.00
4/28/2023	10:18 PM	:60	PSA	CNDT0317000	0.00
4/30/2023	06:48 PM	:60	PSA	CNDT0317000	0.00

20 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: 23040340
 Invoice Date: 4/30/2023
 Account ID: 0054
 Order ID: 0054-393
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

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

Thank you for your business!

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/5/2023	01:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/5/2023	04:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/5/2023	06:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/6/2023	07:18 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/6/2023	04:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/6/2023	07:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/7/2023	08:18 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/7/2023	09:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/7/2023	05:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/8/2023	10:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/8/2023	05:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/8/2023	06:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/9/2023	10:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/9/2023	01:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/9/2023	03:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/10/2023	07:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/10/2023	11:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/10/2023	02:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/11/2023	09:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/11/2023	04:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/11/2023	09:18 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/12/2023	07:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/12/2023	08:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/12/2023	03:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/13/2023	08:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/13/2023	12:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/13/2023	04:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/14/2023	05:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/14/2023	06:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/15/2023	06:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/15/2023	11:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/15/2023	03:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/16/2023	04:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/16/2023	07:18 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/16/2023	07:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/17/2023	08:48 AM	:30	PSA	WE ARE BROADCASTERS	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: 23040340
Invoice Date: 4/30/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
4/17/2023	01:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/17/2023	06:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/18/2023	07:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/18/2023	08:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/18/2023	12:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/19/2023	08:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/19/2023	10:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/19/2023	07:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/20/2023	11:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/20/2023	05:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/20/2023	06:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/21/2023	05:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/21/2023	06:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/21/2023	08:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/22/2023	06:18 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/22/2023	08:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/23/2023	01:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/23/2023	03:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/23/2023	04:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/24/2023	07:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/24/2023	08:18 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/25/2023	09:18 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/26/2023	07:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/26/2023	08:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/27/2023	08:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/27/2023	09:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/27/2023	10:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/28/2023	06:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/28/2023	08:18 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/28/2023	10:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/29/2023	12:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/29/2023	03:48 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/29/2023	08:18 PM	:30	PSA	WE ARE BROADCASTERS	0.00
4/30/2023	10:48 AM	:30	PSA	WE ARE BROADCASTERS 1	0.00
4/30/2023	11:48 AM	:30	PSA	WE ARE BROADCASTERS	0.00
4/30/2023	04:48 PM	:30	PSA	WE ARE BROADCASTERS 1	0.00

72 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: 23050069
Invoice Date: 5/31/2023
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
5/7/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	ADELANTE MUJERES	0.00
5/14/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	WATTSMART PACIFIC POWER	0.00
5/21/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FREE THEM ALL CARAVAN	0.00
5/28/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	FREE THEM ALL CARAVANA	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: 23050322
 Invoice Date: 5/31/2023
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
5/1/2023	09:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/1/2023	10:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/1/2023	10:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/3/2023	09:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/3/2023	10:18 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/3/2023	10:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/4/2023	08:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/5/2023	09:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/6/2023	07:18 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/6/2023	08:18 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/7/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/7/2023	09:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/8/2023	08:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/9/2023	09:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/10/2023	08:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/10/2023	10:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/11/2023	08:18 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/11/2023	09:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/11/2023	10:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/12/2023	06:18 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/12/2023	08:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/12/2023	10:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/13/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/13/2023	08:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/14/2023	07:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
5/15/2023	07:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/15/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/15/2023	10:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
5/16/2023	08:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
5/16/2023	08:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
5/16/2023	10:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
5/16/2023	11:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
5/17/2023	08:48 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	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: 23050322
Invoice Date: 5/31/2023

Sponsor: PSA- S
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
5/17/2023	09:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/17/2023	10:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/18/2023	06:18 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/18/2023	06:18 AM	:30	PSA	DISTRACTED DRIVING	0.00
5/18/2023	07:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/18/2023	08:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/18/2023	11:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/19/2023	08:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/19/2023	09:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/19/2023	10:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/20/2023	07:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/20/2023	07:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/20/2023	08:18 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/21/2023	11:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/21/2023	07:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/21/2023	07:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/23/2023	10:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/24/2023	12:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/24/2023	05:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/24/2023	06:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/25/2023	07:18 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/25/2023	08:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
5/25/2023	09:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/26/2023	09:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/27/2023	09:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
5/27/2023	10:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/27/2023	10:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
5/28/2023	07:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
5/28/2023	08:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
5/29/2023	07:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
5/30/2023	08:18 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/30/2023	08:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/30/2023	09:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/31/2023	09:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
5/31/2023	10:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
5/31/2023	10:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00

69 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: 23050328
 Invoice Date: 5/31/2023
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
5/1/2023	08:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/1/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/1/2023	03:48 PM	:15	PSA	FRASES BUSTOS 3	0.00
5/1/2023	07:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/1/2023	07:48 PM	:15	PSA	FRASES BUSTOS 5	0.00
5/1/2023	08:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/3/2023	07:18 AM	:30	PSA	FRASES BUSTOS 6	0.00
5/4/2023	11:48 AM	:15	PSA	FRASES BUSTOS 4	0.00
5/5/2023	10:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/15/2023	08:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/17/2023	10:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/19/2023	10:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/21/2023	12:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/28/2023	08:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/29/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
5/30/2023	10:18 PM	:15	PSA	FRASES BUSTOS 5	0.00
5/31/2023	11:18 PM	:30	PSA	FRASES BUSTOS 6	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

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: 23050334
 Invoice Date: 5/31/2023
 Account ID: 0054
 Order ID: 0054-391
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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

Date	Time	Length	Description	CopyID / ISCI Code	Cost
5/1/2023	10:18 PM	:60	PSA	CNDT0317000	0.00
5/2/2023	11:18 AM	:30	PSA	CNDT0319000	0.00
5/3/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
5/4/2023	10:18 AM	:30	PSA	CNDT0319000	0.00
5/5/2023	08:48 PM	:60	PSA	CNDT0317000	0.00
5/6/2023	06:18 AM	:30	PSA	CNDT0319000	0.00
5/7/2023	09:48 PM	:60	PSA	CNDT0317000	0.00
5/9/2023	10:18 PM	:30	PSA	CNDT0319000	0.00
5/10/2023	10:48 PM	:60	PSA	CNDT0317000	0.00
5/11/2023	11:18 PM	:30	PSA	CNDT0319000	0.00
5/12/2023	09:48 PM	:60	PSA	CNDT0317000	0.00
5/13/2023	07:18 PM	:30	PSA	CNDT0319000	0.00
5/14/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
5/15/2023	10:18 PM	:60	PSA	CNDT0317000	0.00
5/16/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
5/17/2023	11:18 PM	:60	PSA	CNDT0317000	0.00
5/18/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
5/19/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
5/20/2023	06:48 PM	:30	PSA	CNDT0319000	0.00
5/21/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
5/26/2023	08:48 PM	:60	PSA	CNDT0317000	0.00
5/27/2023	09:18 PM	:30	PSA	CNDT0319000	0.00
5/29/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
5/30/2023	09:48 PM	:30	PSA	CNDT0319000	0.00

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

Continued

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

KGDD 93.5FM/ 1520AM Invoice

Invoice ID: 23050334
Invoice Date: 5/31/2023

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

Date	Time	Length	Description	CopyID / ISCI Code	Cost
5/31/2023	09:18 PM	:60	PSA	CNDT0317000	0.00
25 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: 23060082
Invoice Date: 6/30/2023
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
6/4/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	SAVE ENERGY SAVE MONEY	0.00
6/11/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	SAVE ENERGY SAVE MONEY	0.00
6/18/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	SAVE ENERGY SAVE MONEY	0.00
6/25/2023	09:30 AM	15:00	PUBLIC AFFAIRS PROGRAM	Conoce Alcoholicos Anonimos	0.00

4 Total Items Total Cost: \$0.00

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

Amount Due: **\$0.00**

STATE OF
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: 23060278
 Invoice Date: 6/30/2023
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
6/1/2023	08:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/1/2023	10:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/1/2023	10:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/2/2023	09:18 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
6/2/2023	09:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/2/2023	10:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/3/2023	10:48 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/3/2023	04:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/4/2023	10:48 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/4/2023	03:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/4/2023	05:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/4/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/5/2023	08:18 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/5/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/6/2023	07:48 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/6/2023	05:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/8/2023	07:18 AM	:30	PSA	DISTRACTED DRIVING	0.00
6/8/2023	09:18 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/8/2023	10:18 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/9/2023	07:18 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/9/2023	08:18 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
6/10/2023	10:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/11/2023	07:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
6/12/2023	08:18 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
6/12/2023	08:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/13/2023	05:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
6/13/2023	07:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/13/2023	08:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/14/2023	08:18 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
6/14/2023	09:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
6/15/2023	08:18 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
6/15/2023	08:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/15/2023	09:18 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/16/2023	07:18 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: 23060278
Invoice Date: 6/30/2023

Sponsor: PSA- S
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
6/16/2023	05:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/17/2023	07:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/18/2023	08:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/18/2023	10:48 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/18/2023	01:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/19/2023	07:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/19/2023	08:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/20/2023	07:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/20/2023	09:18 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/21/2023	01:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/21/2023	07:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/22/2023	06:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/23/2023	11:48 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/24/2023	07:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/25/2023	06:48 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/25/2023	02:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
6/25/2023	06:48 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/26/2023	12:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/26/2023	04:48 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
6/27/2023	06:48 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/27/2023	07:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/27/2023	08:18 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/28/2023	08:18 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
6/29/2023	04:48 PM	:30	PSA	DISTRACTED DRIVING	0.00
6/29/2023	06:48 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
6/29/2023	08:48 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
6/30/2023	08:18 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
6/30/2023	08:48 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
6/30/2023	09:48 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00

63 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: 23060284
 Invoice Date: 6/30/2023
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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
6/2/2023	10:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/3/2023	07:48 PM	:15	PSA	FRASES BUSTOS 2	0.00
6/4/2023	02:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/4/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/5/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/6/2023	02:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/6/2023	09:48 PM	:15	PSA	FRASES BUSTOS 1	0.00
6/9/2023	10:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/11/2023	05:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/12/2023	06:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/14/2023	08:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/16/2023	08:18 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/18/2023	11:48 AM	:30	PSA	FRASES BUSTOS 6	0.00
6/19/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/21/2023	09:18 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/23/2023	07:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/27/2023	01:48 PM	:15	PSA	FRASES BUSTOS 5	0.00
6/28/2023	08:48 PM	:30	PSA	FRASES BUSTOS 6	0.00
6/30/2023	07:48 PM	:30	PSA	FRASES BUSTOS 6	0.00

19 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: 23060290
 Invoice Date: 6/30/2023
 Account ID: 0054
 Order ID: 0054-391
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 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

Date	Time	Length	Description	CopyID / ISCI Code	Cost
6/1/2023	09:18 PM	:30	PSA	CNDT0319000	0.00
6/2/2023	08:48 PM	:60	PSA	CNDT0317000	0.00
6/4/2023	06:48 AM	:60	PSA	CNDT0317000	0.00
6/5/2023	01:48 PM	:60	PSA	CNDT0317000	0.00
6/6/2023	03:18 PM	:60	PSA	CNDT0317000	0.00
6/8/2023	08:48 PM	:30	PSA	CNDT0319000	0.00
6/9/2023	08:18 PM	:60	PSA	CNDT0317000	0.00
6/10/2023	07:54 PM	:30	PSA	CNDT0319000	0.00
6/11/2023	10:48 AM	:60	PSA	CNDT0317000	0.00
6/12/2023	07:48 PM	:60	PSA	CNDT0317000	0.00
6/13/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
6/14/2023	10:18 PM	:60	PSA	CNDT0317000	0.00
6/15/2023	09:48 PM	:30	PSA	CNDT0319000	0.00
6/16/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
6/18/2023	07:48 AM	:60	PSA	CNDT0317000	0.00
6/19/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
6/21/2023	02:48 PM	:60	PSA	CNDT0317000	0.00
6/22/2023	12:48 PM	:30	PSA	CNDT0319000	0.00
6/23/2023	04:48 PM	:60	PSA	CNDT0317000	0.00
6/24/2023	07:18 PM	:30	PSA	CNDT0319000	0.00
6/25/2023	03:48 PM	:60	PSA	CNDT0317000	0.00
6/26/2023	11:48 AM	:60	PSA	CNDT0317000	0.00
6/27/2023	01:48 PM	:30	PSA	CNDT0319000	0.00
6/28/2023	06:48 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: 23060290
Invoice Date: 6/30/2023

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
6/30/2023	06:48 PM	:60	PSA	CNDT0317000	0.00
25 Total Items				Total Cost:	\$0.00

Amount Due: \$0.00