

Federal Communications Commission (REFERENCE COPY - Not for submission)

FRN

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000092615Submit Date:2019-12-04FRN:0024436685Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:12/04/2019Filing Status:Active

Section I - General Information

1. Respondent

Entity Name

0027158963	Robert LaRue Separate Property Trust Dated 10/8/2009, Robert LaRue Trustee

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 31477	Stockton	CA	95213	+1 (209) 948- 5786	rlarue@kstn. net

2. Contact Representative

Name	Organization	
Mary O'Connor	Wilkinson Barker Knauer, LLP	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street NW Suite 800N	Washington	DC	20036	+1 (202) 383- 3351	moconnor@wbklaw. com

3. Application Filing Fee

4. Nature of

Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permitsEntity required to file a Form 323 because it holds an attributable interest in one or more Licensees			
Nature of Respondent	Other Trust		

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name			FRN		
KSTN, LLC		0024	436685		
Fac. ID No.	Call Sign	City		State	Service
58838	KSTN	STOCKTON		СА	AM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.			
	Not Applicable.			
2. Ownership Interests	generating a series of subforms itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R.	tts. This Question requires Respondents to enter detailed information about ownership interests by subforms. Answer each question on each subform. The first subform listing should be for the Respondent ent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, ers, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies interest holder with a direct attributable interest in the Respondent separately.		
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.	
	In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.			
		such a structure do not report, or	holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted.	
	Please see the Instructions for f	urther detail concerning interests	that must be reported in response to this question.	
	The Respondent must provide a Please see the Instructions for c	•	each interest holder reported in response to this question. e concerning this requirement.	
	Ownership Information			
	FRN	0027158963		
	Entity Name	Robert LaRue Separate Prope	rty Trust Dated 10/8/2009, Robert LaRue Trustee	
	Address	PO Box	31477	
		Street 1		
		Street 2		
		City	Stockton	
		State ("NA" if non-U.S. address)	CA	
		Zip/Postal Code	95213	

Country (if non-U.S.

address)

Respondent

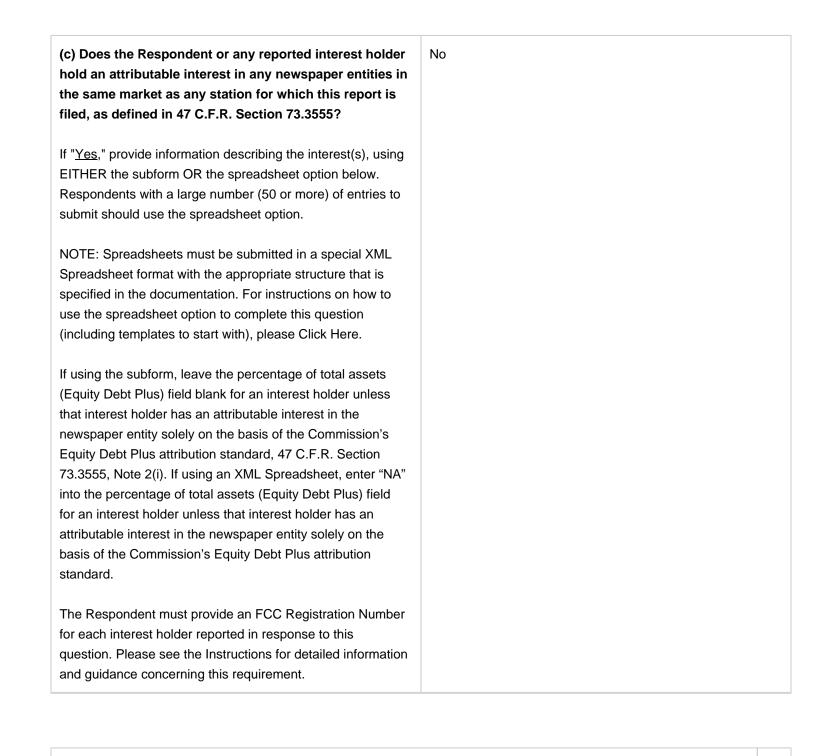
Listing Type

United States

Positional Interests (check all that apply)	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
Total assets (Equity Debt0.0%Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

Ownership Information FRN 0005461587 Name **ROBERT LaRUE** Address **PO Box** 31477 Street 1 Street 2 Stockton City State ("NA" if non-U.S. CA address) 95213 **Zip/Postal Code** Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Other - Trustee (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Male Information (Natural Persons Only) Not Hispanic or Latino Ethnicity White Race **Interest Percentages** Voting 100.0% **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 0.0% 0.0% **Total assets (Equity Debt** Plus) Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director withNoduties wholly unrelated to the Licensee(s)?

If "<u>Yes</u>," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	

Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Trustee Exact Legal Title or Name of Respondent: Robert LaRue Separate Property Trust Name: Robert LaRue Phone: 2099485786 12/04/2019