Approved by OMB (Office of Management and Budget) 3060-0084
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000101708** | Submit Date: **2020-01-29** | FRN: **0016783581**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Superceded** | Status Date: **01/30/2020** | Filing Status: **InActive**

Section I - General Information

1. Respondent

FRN	Entity Name
0016783581	Firebare

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1664	NEWPORT	OR	97365	+1 (154) 163-5003	treasurer@firebare.org

2. Contact Representative

Name	Organization
Francisca Inez Trujillo-Dalbey, Trujillo.	Firebare/KYAQ

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
710 N. Bay Road	Toledo	OR	97391	+1 (541) 961-2282	ftdalbey@gmail.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(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
Firebare	0016783581

Fac. ID No.	Call Sign	City	State	Service
171967	KYAQ	SILETZ	OR	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents should select “Not Applicable” in response to this question.

Not Applicable.

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

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.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0016783581	
Entity Name	Firebare	
Address	**PO Box**	
	Street 1	PO Box 1664
	Street 2	
	City	NEWPORT
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97365
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
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 from 0.0 to 100.0)	**Voting**	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990129403	
Name	Francisca Inez Trujillo-Dalbey	
Address	**PO Box**	
	Street 1	710 N. Bay Road
	Street 2	
	City	Toledo
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97391
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired Professor	
By Whom Appointed or Elected	Friebare Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	14.2%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information	
FRN	9990129407
Name	John Edstrom

Address	**PO Box**	
	Street 1	845 SW 10th, Apt. 1
	Street 2	
	City	Newport
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97391
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Firebare Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	16.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990129410	
Name	Lori Deanne Dunlap	
Address	**PO Box**	
	Street 1	355 Main Street
	Street 2	
	City	Toledo
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97391
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Fitness Instructor	
By Whom Appointed or Elected	Firebare Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	16.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990141249	
Name	Carolyn Crandall	
Address	**PO Box**	
	Street 1	537 NE Golf Course Dr
	Street 2	
	City	Newport
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97365
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	retired	
By Whom Appointed or Elected	board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values	**Voting**	14.2%

from 0.0 to 100.0)	**Equity**	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990141254	
Name	Steve Crandall	
Address	**PO Box**	
	Street 1	537 NE Golf Course Dr
	Street 2	
	City	Newport
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97365
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	retired	
By Whom Appointed or Elected	board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	14.2%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990141259	
Name	Amy Greer	
Address	**PO Box**	
	Street 1	12384 SE Paradise Lane

	Street 2	
	City	South Beach
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97366-9791
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	retired	
By Whom Appointed or Elected	board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	14.2%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No	

Ownership Information		
FRN	9990141262	
Name	Barbara Turrill	
Address	**PO Box**	
	Street 1	3316 NE Avery St
	Street 2	
	City	Newport
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97365
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	retired		
By Whom Appointed or Elected	board		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	14.2%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

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

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? If "Yes," 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.	No

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 LICENSE --OR 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: **Treasurer** Exact Legal Title or Name of Respondent: **Firebare Treasurer** Name: **John Edstrom** Phone: **5416350034** 01/29/2020