



(REFERENCE COPY - Not for submission)

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

File Number: **0000166034** | Submit Date: **2021-11-03** | FRN: **0008496390**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/03/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0008496390	Equal Representation of Media Advocacy Corporation, d/b/a KRZA 88.7fm Community Radio

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
528 9th Street	Alamosa	CO	81101	+1 (719) 589-8844	gm@krza.org

2. Contact Representative

Name	Organization
Gerald A. Rodriguez	KRZA Radio

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
528 9th Street	Alamosa	CO	81101	+1 (719) 589-8844	gm@krza.org

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	10/01/2021
	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
Equal Representation of Media Advocacy Corporation, d/b/a KRZA 88.7fm Community Radio	0008496390

Fac. ID No.	Call Sign	City	State	Service
19660	KRZA	ALAMOSA	CO	FM
138770	K254BD	SAGUACHE	CO	FX

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	0008496390	
Entity Name	Equal Representation of Media Advocacy Corporation, d/b/a KRZA 88.7fm Community Radio	
Address	PO Box	
	Street 1	528 9th Street
	Street 2	
	City	Alamosa
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81101
	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	9990122889	
Name	Reyes Garcia	
Address	PO Box	487
	Street 1	7527 CR 16
	Street 2	
	City	Antonito
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81120
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired Teacher	
By Whom Appointed or Elected	Elected by Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	Equity	16.7%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990122896	
Name	Patrick Stanford	
Address	PO Box	
	Street 1	4925 North River Rd.
	Street 2	
	City	Alamosa
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81101
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Community Corrections Coordinator	
By Whom Appointed or Elected	Elected by 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	16.7%
	Equity	16.7%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990145056	
Name	Nadia Flores	
Address	PO Box	
	Street 1	6039 State HWY
	Street 2	
	City	La Jara
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81140
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Victim's Advocate	
By Whom Appointed or Elected	Elected by Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	Equity	16.7%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990145057	
Name	Avelina Martinez	
Address	PO Box	1143
	Street 1	
	Street 2	
	City	Questa
	State ("NA" if non-U.S. address)	NM
	Zip/Postal Code	87556
	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	Program Manager of Higher Education	
By Whom Appointed or Elected	Elected by Board of Directors	
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	16.7%
	Equity	16.7%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990145058	
Name	Christina Lucero	
Address	PO Box	415
	Street 1	
	Street 2	
	City	San Luis
	State ("NA" if non-U.S. address)	CO
	Zip/Postal Code	81152
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Audio Engineer	
By Whom Appointed or Elected	Elected by Board of Directors	
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	16.7%
	Equity	16.7%
	Total assets (Equity Debt Plus)	
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
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----

<p>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	<p>No</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------

Certification

Section	Question	Response
<p>Authorized Party to Sign</p>	<p>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).</p>	
<p>Certification</p>	<p>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.</p>	<p>Official Title: General Manager Exact Legal Title or Name of Respondent: Equal Representation of Media Advocacy Corporation dba KRZA Name: Gerald Rodriguez Phone: 7195898844</p> <p>11/03/2021</p>