



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000230218** | Submit Date: **2023-11-30** | FRN: **0001530526**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/30/2023**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0006977383		Hearne Venture Trust			

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
715 Broadway Suite 320	Santa Monica	CA	90401	+1 (310) 451-4430	fcc. notices@pointbroadcastingllc. com

2. Contact Representative

Name		Organization			
David D. Oxenford		Wilkinson Barker Knauer, LLC			

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) 783-4141	doxenford@wbklaw. com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Entity 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	10/01/2023 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
The Drive LLC	0008335457

Fac. ID No.	Call Sign	City	State	Service
89128	KHRQ	BAKER	CA	FM
89344	KHDR	LENWOOD	CA	FM

Licensee/Permittee Name	FRN
Point Four LLC	0021398367

Fac. ID No.	Call Sign	City	State	Service
25092	KOCP	OXNARD	CA	FM

Licensee/Permittee Name	FRN
Coloma Mojave, LLC	0012941985

Fac. ID No.	Call Sign	City	State	Service
164156	KCEL	MOJAVE	CA	FM

Licensee/Permittee Name	FRN
Point Five LLC	0022410922

Fac. ID No.	Call Sign	City	State	Service
191521	KIHT	AMBOY	CA	FM
191522	KWIE	HINKLEY	CA	FM
191523	KHHT	METTLER	CA	FM

Licensee/Permittee Name	FRN
Rincon Broadcasting LS2 LLC	0022494819

Fac. ID No.	Call Sign	City	State	Service
35592	KSBL	ISLA VISTA	CA	FM

Licensee/Permittee Name	FRN
Gold Coast Broadcasting LLC	0001530526

Fac. ID No.	Call Sign	City	State	Service
7744	KFYV	OJAI	CA	FM
7746	KVTA	VENTURA	CA	AM
25091	KVEN	PORT HUENEME	CA	AM
70562	KUNX	SANTA PAULA	CA	AM

70563	KCAQ	CAMARILLO	CA	FM
-------	------	-----------	----	----

Licensee/Permittee Name	FRN
POINT TEN LLC	0025844978

Fac. ID No.	Call Sign	City	State	Service
5470	KXFM	SANTA MARIA	CA	FM

Licensee/Permittee Name	FRN
Riverdale Broadcasting LLC	0004997896

Fac. ID No.	Call Sign	City	State	Service
86866	KZLA	RIVERDALE	CA	FM

Licensee/Permittee Name	FRN
LC Media LP	0019095322

Fac. ID No.	Call Sign	City	State	Service
67354	KQIE	REDLANDS	CA	FM

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

(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, directors, stockholders, non-insulated partners, non-insulated members, 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	0006977383		
Entity Name	Hearne Venture Trust		
Address	PO Box		
	Street 1	715 Broadway	
	Street 2	Suite 320	
	City	Santa Monica	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	90401	
	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%	Jointly Held? No
	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	0019894732		
Name	John Q. Hearne		
Address	PO Box		
	Street 1	715 Broadway	
	Street 2	Suite 320	
	City	Santa Monica	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	90401	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	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
---	-----

(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If " <u>Yes</u> ," provide the following information for each such the relationship.	No
--	----

(d) Is Respondent seeking an attribution exemption for any officer or director with duties 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.	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: Trustee Exact Legal Title or Name of Respondent: Hearne Venture Trust Name: John Q Hearne Phone: 3104514430 11/30/2023