

Federal Communications Commission (REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000230020Submit Date: 2023-11-30FRN: 0020031225Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 11/30/2023Filing Status: ActiveStatus: ActiveStatus Date: 11/30/2023

Section I - General Information

1. Respondent

Entity Name

| 0020031225 | Amador & Rosalie Bustos Family Revocable Trust |
|------------|--|

| Street Address | City (and Country if non U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|-------------------------------|---|-------------------------------------|-------------|-----------------------|-----------------------------|
| 5110 S. E. Stark Street | Portland | OR | 97215 | +1 (503) 233- 5280 | abustos@bustosmedia. com |

2. Contact Representative

| Name | Organization |
|-----------------|-------------------------------|
| Dennis J. Kelly | Law Office of Dennis J. Kelly |

| Street Address | City (and Country if non U.S. address) | State | Zip Code | Phone | Email |
|-----------------------------------|---|-------|-------------|-----------------------|-------------------------------|
| 30628 Detroit Road, Box 278 | Westlake | ОН | 44145 | +1 (202) 293- 2300 | dkellyfcclaw1@comcast. net |

3. Application Filing Fee

Not Applicable

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 | 10/01/2023 |
| | 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 |
|----------------------------|------------|
| Bustos Media Holdings, LLC | 0003745494 |

| Fac. ID No. | Call Sign | City | State | Service |
|-------------|-----------|--------------------|-------|---------|
| 953 | КΖТВ | MILTON-FREEWATER | OR | FM |
| 2431 | KGDD | OREGON CITY | OR | AM |
| 4042 | KZUS | EPHRATA | WA | FM |
| 4758 | KMMG | BENTON CITY | WA | FM |
| 6266 | KZXR-FM | PROSSER | WA | FM |
| 13969 | KVOI | CORTARO | AZ | AM |
| 15137 | KZML | QUINCY | WA | FM |
| 19242 | KSND | MONMOUTH | OR | FM |
| 20649 | KDRI | TUCSON | AZ | AM |
| 21602 | KMNA | MABTON | WA | FM |
| 30906 | KZSJ | SAN MARTIN | CA | AM |
| 33622 | KDDS-FM | ELMA | WA | FM |
| 33683 | KMIA | AUBURN-FEDERAL WAY | WA | AM |
| 33829 | KZTM | MCKENNA | WA | FM |
| 36006 | KZTA | NACHES | WA | FM |
| 36022 | KZLZ | CASAS ADOBES | AZ | FM |
| 49731 | KRCW | ROYAL CITY | WA | FM |
| 50709 | КННΖ | GRIDLEY | CA | FM |
| 51638 | KZSZ | COLUSA | CA | FM |
| 57504 | KTGV | ORACLE | AZ | FM |
| 68212 | KOOR | MILWAUKIE | OR | AM |
| 71631 | KREH | PECAN GROVE | тх | AM |
| 82538 | KZZR | GOVERNMENT CAMP | OR | FM |
| 160794 | KQRR | MOUNT ANGEL | OR | AM |
| 183328 | KYXE | UNION GAP | WA | FM |
| 191491 | KZNW | OAK HARBOR | WA | FM |
| 191536 | KZGI | SEDRO-WOOLLEY | WA | FM |
| 762170 | KZTZ | Cottonwood | СА | FM |

Section II – Biennial Ownership Information

Section 73.3613 and Other Documents 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.

| FRN | 0020031225 | | | |
|---|--|---|----|--|
| Entity Name | Amador & Rosalie Bustos Family Revocable Trust | | | |
| Address | PO Box | | | |
| | Street 1 | 5110 S. E. Stark Street | | |
| | Street 2 | | | |
| | City | Portland | | |
| | State ("NA" if non-U.S. address) | OR | | |
| | Zip/Postal Code | 97215 | | |
| | 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 | 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 a that do not appear on this re | n attributable interest in one o eport? | r more broadcast stations | No | |

Ownership Information

| Ownership Information | | | | |
|--|--|---------------------------------------|----------------------|--|
| FRN | 0004071924 | | | |
| Name | Amador S. Bustos | | | |
| Address | PO Box | | | |
| | Street 1 | 5110 S. E. Stark Street | | |
| | Street 2 | | | |
| | City | Portland | | |
| | State ("NA" if non-U.S. address) | OR | OR | |
| | Zip/Postal Code | 97215 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Other - Co-Trustee and Co-B | Other - Co-Trustee and Co-Beneficiary | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages (enter percentage values | Voting | 100.0% | Jointly Held? Yes | |
| from 0.0 to 100.0) | Equity | 100.0% | | |
| | Total assets (Equity Debt Plus) | 100.0% | | |
| Does interest holder have a that do not appear on this | an attributable interest in one o report? | r more broadcast stations | No | |

Ownership Information

| Jwnersnip Information | | | | |
|-----------------------|---|-------------------------|--|--|
| FRN | 0026723445 | | | |
| Name | Rosalie L. Bustos | | | |
| Address | PO Box | | | |
| | Street 1 | 5110 S. E. Stark Street | | |
| | Street 2 Portland | | | |
| | | | | |
| | State ("NA" if non-U.S. address) | OR | | |
| | Zip/Postal Code 97215 Country (if non-U.S. address) United States | | | |
| | | | | |
| Listing Type | Other Interest Holder | | | |
| | | | | |

| Positional Interests (check all that apply) | Other - Co-Trustee and Co-Beneficiary | | | |
|--|---|----------------------------|----------------------|--|
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Female | | |
| Persons Only) | Ethnicity | Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages (enter percentage values | Voting | 100.0% | Jointly Held? Yes | |
| from 0.0 to 100.0) | Equity | 100.0% | | |
| | Total assets (Equity Debt Plus) | 100.0% | | |
| Does interest holder have that do not appear on this | an attributable interest in one c report? | or more broadcast stations | No | |

| (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. | |

(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If " \underline{Yes} ," provide the following information for each such the relationship.

Family Relationships

| FRN | 0004071924 | Name | Amador S Bustos |
|--------------|------------|------|------------------|
| FRN | 0026723445 | Name | Rosalie L Bustos |
| Relationship | Spouses | | |

(d) Is Respondent seeking an attribution exemption for any officer or director with
duties wholly unrelated to the Licensee(s)?NoIf "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 | |
| | 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 | Official Title: Co-Trustee |

| and that to the best of my knowledge and belief, all statements in this report are true, correct and complete. | Exact Legal Title or Name of Respondent: Amador & Rosalie Bustos Family Revocable Trust Name: Amador S. Bustos Phone: 5032335280 |
|--|--|
| | 11/30/2023 |