



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Non-Biennial
Ownership Report (FCC Form 323)

File Number: 0000233554 | Submit Date: 2023-12-21 | FRN: 0020031225

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date:

12/21/2023 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		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	OH	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/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	Transfer of control or assignment of license/permit
"As of" date	12/21/2023 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)
/Permittees(s)
and Station(s)
/Permit(s)

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

Licensee/Permittee Name	FRN
Bustos Media Holdings, LLC	0003745494

Fac. ID No.	Call Sign	City	State	Service
165	KWBY	WOODBURN	OR	AM
953	KZTB	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	KHHZ	GRIDLEY	CA	FM
51638	KZSZ	COLUSA	CA	FM
57504	KTGV	ORACLE	AZ	FM
68212	KOOR	MILWAUKIE	OR	AM
71631	KREH	PECAN GROVE	TX	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	CA	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R.
Section 73.3613
and Other
Documents

Licensee/Permittee Respondents 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/Permittee 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, 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) or Permittee(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) or Permittee(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	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		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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	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	
	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		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? Yes
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0026723445		
Name	Rosalie L. Bustos		
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	Other Interest Holder		
Positional Interests (check all that apply)	Other - Co-Trustee and Co-Beneficiary		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? Yes
	Total assets (Equity Debt Plus)	100.0%	
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
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(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.	Yes
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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)? 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
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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: Co-trustee Exact Legal Title or Name of Respondent: Amador & Rosalie Bustos Family Revocable Trust Name: Amador S. Bustos Phone: 5032335280 12/21/2023