

FCC 323

OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

FOR COMMISSION USE ONLY
FILE NO. BOA-20151119APT

Section I - General Information

1.	Legal Name of the Respondent PAMPLIN COMMUNICATIONS CORPORATION		
	Street Address (1) ATTN: LEGAL DEPARTMENT		
	Street Address (2) PO BOX 22109		
	City PORTLAND	State or Country (if Foreign address) OR	ZIP Code 97269
	Telephone Number (include area code) (503) 553-0380	E-Mail Address (if available) AMAREK@PAMPLINCORP.COM	
	FCC Registration Number 0019382522	Call Sign KKOY	Facility ID Number 69812
2.	Contact Representative MAGALI SOSA-TIRADO, ESQ.		
	Firm or Company Name PAMPLIN BROADCASTING-WASHINGTON, INC.		
	Street Address (1) ATTN: LEGAL DEPARTMENT		
	Street Address (2) PO BOX 22109		
	City PORTLAND	State or Country (if Foreign address) OR	ZIP Code 97269
	Telephone Number (include area code) (503) 546-5108	E-Mail Address (if available) MSOSATIRADO@PAMPLINCORP.COM	
3.	Nature of Respondent (See Instructions for Definitions) <input type="radio"/> Licensee <input type="radio"/> Permittee <input checked="" type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Fee-exempt Report <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)		
5.	All the information furnished in this Report is accurate as of 10/01/2015. <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-Biennial Ownership Report).</i>		
6.	Purpose this Report is Filed for: (choose one) a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) c. <input type="radio"/> Transfer of Control or Assignment of License/Permit d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station. e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license). f. <input type="radio"/> Amendment to a previously filed Ownership Report File Number: - If an Amendment submit as an Exhibit a listing by Section and Question Number the portions of the [Exhibit 1] previous Report that are being revised.		

7.	License and Station Information. The stations listed below are all licensed to the following person or entity:													
	Licensee Name:			Licensee's FCC Registration Number (FRN)										
	PAMPLIN BROADCASTING-WASHINGTON, INC.			0001570498										
	<p style="text-align: center;">Station List</p> <p style="text-align: center;">This Report is filed for the following stations:</p> <table border="1"> <thead> <tr> <th>Copy</th> <th>Call Sign</th> <th>Facility ID Number</th> <th>Location (City/State)</th> <th>Class of Service</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>KKOV</td> <td>69812</td> <td>VANCOUVER, WASHINGTON</td> <td>AM Station</td> </tr> </tbody> </table>					Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service	1.	KKOV	69812	VANCOUVER, WASHINGTON
Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service										
1.	KKOV	69812	VANCOUVER, WASHINGTON	AM Station										
8.	Respondent is:													
	<input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> For-profit corporation		<input type="radio"/> Not-for-profit corporation <input type="radio"/> General partnership		<input type="radio"/> Limited partnership <input type="radio"/> Other [Exhibit 2]									
	If "Other," describe nature of the Respondent in an Exhibit.													

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

☒ Not Applicable

[Enter Contract Information]

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☐ Not Applicable

Capitalization Information

			Number of shares			
Copy	Class of Stock (preferred, common or other)	Voting or Non-Voting	Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	10000	235	0	9765

- 3.(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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interest Information

Copy 1.	Name	PAMPLIN COMMUNICATIONS CORPORATION
	Address	Street PO BOX 22109 City/State PORTLAND, OREGON Postal/ZIP Code 97269 - 2109 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder

Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019382522
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship
Percentage of Votes	100.0%
Percentage of Equity	100.0%
Percentage of Total Assets (equity plus debt)	100.0%

Copy 2.	Name	R.B. PAMPLIN CORPORATION
	Address	Street 6605 SE LAKE ROAD City/State PORTLAND, OREGON Postal/ZIP Code 97222 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder

	<input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019386739
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship
Percentage of Votes	100.0%
Percentage of Equity	100.0%
Percentage of Total Assets (equity plus debt)	100.0%

Copy 3.	Name	ROBERT B. PAMPLIN, JR.
	Address	Street 6605 SE LAKE ROAD City/State PORTLAND, OREGON Postal/ZIP Code 97222 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019411792
	Gender, Ethnicity, Race and Citizenship Information	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female

(Natural Persons)	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <hr/> Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <hr/> Citizenship US
Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 4.	Name	ANNE PAMPLIN-EVENSON
	Address	Street 6605 SE LAKE ROAD City/State PORTLAND, OREGON Postal/ZIP Code 97222 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019411834
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <hr/> Gender <input type="radio"/> Male <input checked="" type="radio"/> Female <hr/> Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <hr/> Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White

	Citizenship US
Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 5.	Name	ANDREA J. MAREK
	Address	Street 6605 SE LAKE ROAD City/State PORTLAND, OREGON Postal/ZIP Code 97222 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019411800
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
		Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
		Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
		Citizenship US
Percentage of Votes		0.0%
Percentage of Equity	0.0%	
Percentage of Total Assets (equity plus debt)	0.0%	

Copy 6.	Name	CHARLES NEDROW
	Address	Street 6605 SE LAKE ROAD City/State PORTLAND, OREGON Postal/ZIP Code 97222 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019411826
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
	Percentage of Votes	0.0%
	Percentage of Equity	0.0%
	Percentage of Total Assets (equity plus debt)	0.0%

(b) Respondent certifies that any equity and financial interests not reported in response to Question 3 ☒ Yes ☐ No
(a) are non-attributable. [Exhibit 3]

If "No", submit as an Exhibit an explanation.

- (c) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market as defined in 47 C.F.R. Section 73.3555? ☒ Yes ☐ No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper).

Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special 'XML Spreadsheet' format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please [Click Here](#).

Broadcast Interest Subform or Broadcast Interest Spreadsheet

Copy	Name of Interest Holder	Call Sign	Community of License	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	PAMPLIN COMMUNICATIONS CORPORATION	KPAM	City TROUTDALE State OREGON	29553	100.0%	100.0%	100.0%	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)
2.	ROBERT B. PAMPLIN, JR.	KPAM	City TROUTDALE State OREGON	29553	0.0%	0.0%	0.0%	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)
3.	ANNE PAMPLIN-EVENSON	KPAM	City TROUTDALE State OREGON	29553	0.0%	0.0%	0.0%	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)
4.	ANDREA J. MAREK	KPAM	City TROUTDALE State OREGON	29553	0.0%	0.0%	0.0%	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)
5.	CHARLES NEDROW	KPAM	City TROUTDALE State OREGON	29553	0.0%	0.0%	0.0%	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)
6.	R.B. PAMPLIN CORPORATION	KPAM	City TROUTDALE State OREGON	29553	0.0%	0.0%	0.0%	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)

[Newspaper Information]

(d)	Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
If "Yes", complete the information describing the Relationship.						
Familial Relationships						
Copy	Name	Parent / Child Spouse Sibling				
1.	ROBERT B. PAMPLIN, JR. AND ANNE PAMPLIN-EVENSON	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>				
(e)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? 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. [Enter Attribution Exemption Information]	<input type="radio"/> Yes <input checked="" type="radio"/> No [Exhibit 4]				
4.	Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question. For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.	<input type="checkbox"/> N/A				
Respondent's Interest						
Copy 1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">Name</td> <td>PAMPLIN BROADCASTING-WASHINGTON, INC.</td> </tr> <tr> <td style="font-size: small;">FCC Registration Number</td> <td>0001570498</td> </tr> </table>	Name	PAMPLIN BROADCASTING-WASHINGTON, INC.	FCC Registration Number	0001570498	
Name	PAMPLIN BROADCASTING-WASHINGTON, INC.					
FCC Registration Number	0001570498					
5.	Organizational Chart. LICENSEES ONLY. Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee. Non-Licensee Respondents should select "N/A" in response to this question.	<input checked="" type="checkbox"/> N/A [Exhibit 5]				

Section III - Certification

I certify that I am PRESIDENT AND CHIEF EXECUTIVE OFFICER
 (Official Title)

of PAMPLIN COMMUNICATIONS CORPORATION
 (Exact Legal Title or Name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature ANDREA J. MAREK	Date 11/19/2015
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Telephone Number of Respondent (Include area code) (503) 553-0380

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).