

FCC 323
OWNERSHIP REPORT FOR COMMERCIAL
BROADCAST STATIONS**FOR COMMISSION USE ONLY**
FILE NO. BOA-20151119APE**Section I - General Information**

1.	Legal Name of the Respondent R.B. PAMPLIN 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 0019386739	Call Sign KPAM	Facility ID Number 29553
2.	Contact Representative MAGALI SOSA-TIRADO		
	Firm or Company Name PAMPLIN BROADCASTING-OREGON, INC.		
	Street Address (1) LEGAL DEPARTMENT		
	Street Address (2) P.O. 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. (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).		
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 previous Report that are being revised.		

[Exhibit 1]

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-OREGON, INC.			0003746336	
Station List					
This Report is filed for the following stations:					
	Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
	1.	KPAM	29553	TROUTDALE, OREGON	AM Station
8.	Respondent is:				
	<input type="radio"/> Sole Proprietorship <input type="radio"/> Not-for-profit corporation <input type="radio"/> Limited partnership				
	<input checked="" type="radio"/> For-profit corporation <input type="radio"/> General 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	50000	28877	0	21123

- 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	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 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	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 2.	Name	KATHERINE R. PAMPLIN TRUST, ROBERT B. PAMPLIN, JR., TRUSTEE
	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	0019411917
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	5.0%
Percentage of Equity	5.0%
Percentage of Total Assets (equity plus debt)	5.0%

Copy 3.	Name	TRUST UWO KATE R. REESE FBO KATHERINE R. PAMPLIN, ROBERT B. PAMPLIN, JR., TRUSTEE
	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	0019411925
	Gender, Ethnicity, Race	<input checked="" type="checkbox"/> N/A (entity)

and Citizenship Information (Natural Persons)	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
Percentage of Equity	7.0%
Percentage of Total Assets (equity plus debt)	7.0%

Copy 4.	Name	TRUST FBO MARILYN H. PAMPLIN, ROBERT B. PAMPLIN, JR., TRUSTEE
	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	0019411958
	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	10.0%
Percentage of Equity	10.0%
Percentage of Total Assets (equity plus debt)	10.0%

Copy 5.	Name	TRUST FBO ANNE B. PAMPLIN-EVENSON, ROBERT B. PAMPLIN, JR., TRUSTEE
	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	0019411966
	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		17.0%

Percentage of Equity	17.0%
Percentage of Total Assets (equity plus debt)	17.0%

Copy 6.	Name	TRUST FBO AMY L. PAMPLIN NORTH, ROBERT B. PAMPLIN, JR., TRUSTEE
	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	0019411982
	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	17.0%
	Percentage of Equity	17.0%
	Percentage of Total Assets (equity plus debt)	17.0%

Copy 7.	Name	PAMPLIN FOUNDATION
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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	0019914936
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	2.0%
Percentage of Equity	2.0%
Percentage of Total Assets (equity plus debt)	2.0%

Copy 8.	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 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	0019411792
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	43.0%
Percentage of Equity	43.0%
Percentage of Total Assets (equity plus debt)	43.0%

Copy 9.	Name	MARILYN H. PAMPLIN
	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	0019411842
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 10.	Name	AMY P. NORTH
	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	0019411859
	Gender, Ethnicity, Race	<input type="checkbox"/> N/A (entity)

and Citizenship Information (Natural Persons)	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 11.	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 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	0019411834
	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
12.

Name	MARILYN C. STEWART
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	0019411867
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 13.	Name	KATHLEEN TOURIJIGIAN
	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	0019411883
	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 14	Name	ANDREA J. MAREK
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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	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
15.

Name	J. FRANKLIN CABLE
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	0019411891
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. | ROBERT B. PAMPLIN, JR. | KKOV | City
VANCOUVER
State
WASHINGTON | 69812 | 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) |
| 2. | ANNE PAMPLIN-EVENSON | KKOV | City
VANCOUVER
State
WASHINGTON | 69812 | 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) |
| 3. | ANDREA J. MAREK | KKOV | City
VANCOUVER
State
WASHINGTON | 69812 | 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) |

[Newspaper Information]

- (d) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? ☒ Yes ☐ No

If "Yes", complete the information describing the Relationship.

Familial Relationships				
Copy	Name	Parent / Child	Spouse	Sibling
1.	ROBERT B. PAMPLIN, JR. AND MARILYN H. PAMPLIN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	ROBERT B. PAMPLIN, JR. AND AMY P. NORTH	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	ROBERT B. PAMPLIN, JR. AND ANNE PAMPLIN-EVENSON	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	MARILYN H. PAMPLIN AND AMY P. NORTH	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	MARILYN H. PAMPLIN AND ANNE PAMPLIN-EVENSON	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	AMY P. NORTH AND ANNE PAMPLIN-EVENSON	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

- (e) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? ☐ Yes ☒ No [Exhibit 4]

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]

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. ☐ N/A

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.

Respondent's Interest		
Copy 1.	Name	PAMPLIN COMMUNICATIONS CORPORATION
	FCC Registration Number	0019382522
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.	
	<input checked="" type="checkbox"/> N/A [Exhibit 5]	
Non-Licensee Respondents should select "N/A" in response to this question.		

Section III - Certification

I certify that I am PRESIDENT, CHIEF EXECUTIVE OFFICER, TREASURER, AND SECRETARY
 (Official Title)
 of R.B. PAMPLIN 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 ROBERT B. PAMPLIN, JR.	Date 11/19/2015
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(g)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits