

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)	FOR FCC USE ONLY
<b>FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS</b>		<b>FOR COMMISSION USE ONLY FILE NO. -20151023AGN</b>

**Section I - General Information**

1.	Legal Name of the Respondent CARLSBAD RADIO, INC.		
	Street Address (1) P.O. BOX 1538		
	Street Address (2)		
	City CARLSBAD	State or Country (if foreign address) NM	ZIP Code 88221 -
	Telephone Number (include area code) 5758877563	E-Mail Address (if available) DON@CARLSBADRADIO.COM	
	FCC Registration Number: 0008040438	Call Sign KATK-FM	Facility ID Number 54514
2.	Contact Representative FRANK A NYMEYER		Firm or Company Name CARLSBAD RADIO, INC
	Street Address (1) PO BOX 1538		
	Street Address (2)		
	City CARLSBAD	State or Country (if foreign address) NM	ZIP Code 88221 - 1538
	Telephone Number (include area code) 5758877563	E-Mail Address (if available) FRANK@CARLSBADRADIO.COM	
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input 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 type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)		
5.	All of 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.  Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f.  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. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
CARLSBAD RADIO, INC	0008040438

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KATK-FM	54514	CARLSBAD , NEW MEXICO	FM Station
2.	KATK	54513	CARLSBAD , NEW MEXICO	AM Station

8. Respondent is:

- Sole Proprietorship
- For-profit corporation
- Not-for-profit corporation
- General partnership
- Limited partnership
- Other

If "Other," describe nature of the Respondent in an Exhibit.

[ Exhibit 2 ]

**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

**Contract Information**

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	ARTICLES OF INCORPORATION	STATE OF NEW MEXICO	Month DECEMBER Year 2002	Month  Year  <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

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**

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input checked="" type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non- Voting	1000	500	0	500

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 Interests Information**

Copy 1.	Name	CARLSBAD RADIO, INC
	Address	Street 1609 RADIO BLVD  City/State CARLSBAD , NEW MEXICO Postal/ZIP Code 88220 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input 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 type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): LICENSEE		
FCC Registration Number	0008040438		
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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	0.0 %		
Percentage of equity	0.0 %		
Percentage of total assets (equity debt plus)	0.0 %		
Copy 2.	Name	DON G HUGHES	
	Address	Street	1908 SENTRY CIRCLE
		City/State	CARLSBAD , NEW MEXICO
		Postal/ZIP Code	88220 -
		Country (if not U.S.)	
Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder		
Relationship to Licensee	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0020017554
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino
	<u>Race</u> (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
	<u>Citizenship</u> US
	Percentage of votes: 100.0 % Percentage of equity: 100.0 % Percentage of total assets (equity debt plus): 100.0 %
Copy 3.	<u>Name</u> CRYSTAL HUGHES
	<u>Address</u> Street 1908 SENTRY CIRCLE  City/State CARLSBAD , NEW MEXICO Postal/ZIP Code 88220 - Country (if not U.S.)
	<u>Listing Type</u> <input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	<u>Relationship to Licensee</u> <input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
	<u>Positional Interest (Check all that apply)</u> <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	0020017562	
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 debt plus)	0.0 %	

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.  If "No," submit as an Exhibit an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No [ Exhibit 3 ]
--	--

(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?  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 <a href="#">Click Here</a> .	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	---

**Broadcast Interest Information**

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.	DON G HUGHES	KAMQ	City CARLSBAD State NEW MEXICO	33300	100.0 %	100.0 %	100.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
2.	DON G HUGHES	KCDY	City CARLSBAD State NEW MEXICO	33299	100.0 %	100.0 %	100.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):

**[Newspaper Interests Subform]**

(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	Siblings
1.	DON G HUGHES	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	CRYSTAL HUGHES	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

<p>(e.)</p>	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>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.</p> <p><b>[Enter Attribution Exemption Information]</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>								
<p>4.</p>	<p>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.</p> <p><b>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.</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="3"><b>Respondent's Interests</b></td> </tr> <tr> <td rowspan="2" style="width: 15%;">Copy 1.</td> <td style="width: 45%;">Name</td> <td style="width: 40%;">KAMQ, INC</td> </tr> <tr> <td>FCC Registration Number</td> <td>0006943435</td> </tr> </table>	<b>Respondent's Interests</b>			Copy 1.	Name	KAMQ, INC	FCC Registration Number	0006943435	<p><input type="checkbox"/> N/A</p>
<b>Respondent's Interests</b>										
Copy 1.	Name	KAMQ, INC								
	FCC Registration Number	0006943435								
<p>5.</p>	<p>Organizational Chart. <b>LICENSEES ONLY:</b> 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.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<p><input checked="" type="checkbox"/> N/A [ Exhibit 5 ]</p>								

**SECTION III - CERTIFICATION**

I certify that I am OWNER

(Official Title)

of CARLSBAD RADIO, INC

(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 DONALD G HUGHES	Date 10/23/2015
Telephone Number of Respondent (Include area code) 5758877563	

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).

**Exhibits**



**Agency Tracking ID:PGA2750441 Authorization  
Number:ACH  
Successful Authorization -- Date Paid: 10/23/15  
FILE COPY ONLY!!**

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Carlsbad Radio, Inc.</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$130.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>PO Box 1538</b>		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY <b>Carlsbad</b>		(7) STATE <b>NM</b>
(8) ZIP CODE <b>88221</b>		
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>575-8877563</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0008040438</b>		(12) FCC USE ONLY
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)</b>		
(13) APPLICANT NAME <b>CARLSBAD RADIO, INC.</b>		
(14) STREET ADDRESS LINE NO. 1 <b>P.O. BOX 1538</b>		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY <b>CARLSBAD</b>		(17) STATE <b>NM</b>
(18) ZIP CODE <b>88221-</b>		
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>5758877563</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>USA</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0008040438</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID <b>KATK</b>		(24A) Payment Type Code(PTC) <b>MAR</b>
(25A) Quantity <b>1</b>		
(26A) Fee Due for (PTC) <b>\$65.00</b>		(27A) Total Fee <b>\$65.00</b>
(28A) FCC CODE 1		
(29A) FCC CODE 2		

54513		CDBS20151023AGO	
(23B) FCC Call Sign/Other ID KATK-FM	(24B) Payment Type Code(PTC) MAR	(25B) Quantity 1	
(26B) Fee Due for (PTC) \$65.00	(27B) Total Fee \$65.00	FCC Use Only	
(28B) FCC CODE 1 54514	(29B) FCC CODE 2 CDBS20151023AGN		



**Online Payment**  
**Step 3: Confirm Payment**

1 | 2 | 3

**Thank you.**  
**Your transaction has been successfully completed.**

**Pay.gov Tracking Information**

**Application Name:** Remittance Advice  
**Pay.gov Tracking ID:** 25O2F51E  
**Agency Tracking ID:** PGA2750441  
**Transaction Date and Time:** 10/23/2015 14:00 EDT

**Payment Summary**

**Account Holder Name:** Carlsbad Radio, Inc.  
**Payment Amount:** \$130.00  
**Account Type:** Business Checking  
**Routing Number:** 112201797  
**Account Number:** \*\*\*\*\*1191  
**Check Number:** 151023

**Payment Date:** 10/26/2015





Frank Nymeyer &lt;nymeyer@gmail.com&gt;

---

**Pay.gov Payment Confirmation: Remittance Advice**

2 messages

---

**paygovadmin@mail.doc.twai.gov** <paygovadmin@mail.doc.twai.gov>

Fri, Oct 23, 2015 at 11:43 AM

To: "frank@carlsbadradio.com" &lt;frank@carlsbadradio.com&gt;

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or wish to cancel this payment, you will need to contact FCC Financial Operations Group Help Desk at ARINQUIRIES@fcc.gov at 877-480-3201 option 4.

Application Name: Remittance Advice

Pay.gov Tracking ID: 25O2ESUP

Agency Tracking ID: PGA2750431

Account Holder Name: KAMQ, Inc

Transaction Type: ACH Debit

Transaction Amount: \$130.00

Payment Date: Oct 26, 2015

Account Type: Business Checking

Routing Number: 107002192

Account Number: \*\*\*\*\*6793

Transaction Date: Oct 23, 2015 1:43:50 PM

Total Payments Scheduled: 1

Frequency: OneTime

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

---

**paygovadmin@mail.doc.twai.gov** <paygovadmin@mail.doc.twai.gov>

Fri, Oct 23, 2015 at 12:00 PM

To: "frank@carlsbadradio.com" &lt;frank@carlsbadradio.com&gt;

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or wish to cancel this payment, you will need to contact FCC Financial Operations Group Help Desk at ARINQUIRIES@fcc.gov at 877-480-3201 option 4.

Application Name: Remittance Advice

Pay.gov Tracking ID: 25O2F51E

Agency Tracking ID: PGA2750441

Account Holder Name: Carlsbad Radio, Inc.

Transaction Type: ACH Debit

Transaction Amount: \$130.00

Payment Date: Oct 26, 2015

Account Type: Business Checking

Routing Number: 112201797

Account Number: \*\*\*\*\*1191

Transaction Date: Oct 23, 2015 2:00:18 PM

[Quoted text hidden]

