

Roland Soucie**From:** Saved by Windows Internet Explorer 8**Sent:** Friday, May 07, 2010 9:59 AM**Subject:** CDBS Form 323**Attachments:** ATT00223.css; ATT00226.dat; ATT00229.dat; ATT00232.dat; ATT00235.dat; ATT00238.dat; ATT00241.dat; ATT00244.dat; ATT00247.dat

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO.
Read Form Instructions before filling out form (PDF format) and FAQ .		

Section I - General Information

1.	Legal Name of the Respondent JAMES R KAMPSCHROER		
	Street Address (1) 2976 BURTON DR.		
	Street Address (2)		
	City CAMBRIA	State or Country (if foreign address) CA	ZIP Code 93428 -
	Telephone Number (include area code) 8059240103	E-Mail Address (if available) JIM@KTEA-FM.COM	
	FCC Registration Number: 0001910694	Call Sign KTEA	Facility ID Number 77773
2.	Contact Representative JAMES R KAMPSCHROER		Firm or Company Name
	Street Address (1) 2976 BURTON DR.		
	Street Address (2)		
	City CAMBRIA	State or Country (if foreign address) CA	ZIP Code 93428 -
	Telephone Number (include area code) 8059277079	E-Mail Address (if available) RADIO2@CHARTER.NET	
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 1.1 <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other <input type="text"/> <input type="radio"/> N/A (F Required)		
5.	All of the information furnished in this Report is accurate as of <input type="text" value="11/01/2009"/> (mm/dd/yyyy) (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 Re		

c. Transfer of Control or Assignment of License/Permit

d. 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)
KTEA-FM LLC	0001910694 FRN Help: CORES Home

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service	Delete Copy
1.	KTEA	77773	CAMBRIA CA	FM	<input type="checkbox"/>
<input type="button" value="Add Multiple Copies"/> <input type="button" value="Save Last and Add Copy"/> <input type="button" value="Delete Selected"/>					<input type="checkbox"/> (Check/Uncheck All)

8. Respondent is:

Sole Proprietorship
 Not-for-profit corporation
 Limited partnership
 For-profit corporation
 General 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 radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

Contract Information

<input type="button" value="Add Copy"/>	
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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

Enter Capitalization Information

Capitalization Information

<input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/>	<input type="checkbox"/> (Check/ Uncheck All)
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>	

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.

Enter Owner Information

Ownership Interests Information

<i>Delete Copy</i>		
Copy 1.	Name	JOHN & BERNA DALLONS
	Address	Street 1981 BARLEY GRAIN RD. <hr/> City/State PASO ROBLES , CA ▼ Postal/ZIP Code 93446 - <input style="width: 50px;" type="text"/> Country (if not U.S.) <input style="width: 100%;" type="text"/>
	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 checked="" 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): <input type="text"/>		
FCC Registration Number	<input type="text" value="0010236370"/> <input type="button" value="Special Use FRN"/>		
	If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .		
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)		
	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female		
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino		
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races		
	<u>Citizenship</u> <input type="text" value="USA"/>		
Percentage of votes	<input type="text" value="49"/> %		
Percentage of equity	<input type="text" value="49"/> %		
Percentage of total assets (equity debt plus)	<input type="text" value="49"/> %		
<i>Delete Copy</i>			
Copy 2.	Name	<input type="text" value="JAMES ROBERT KAMPSCHROEF"/>	<input type="checkbox"/>
	Address	Street	<input type="text" value="2976 BURTON DR."/>
		City/State	<input type="text" value="CAMBRIA"/> , <input type="text" value="CA"/> ▾
		Postal/ZIP Code	<input type="text" value="93428"/> - <input type="text"/>
Country (if not U.S.)		<input type="text"/>	
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 checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" 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): <div style="border: 1px solid black; padding: 2px;">GENERAL MANAGER</div>
FCC Registration Number	<div style="display: flex; justify-content: space-between;"> <input type="text" value="0018059105"/> <input type="button" value="Special Use FRN"/> </div> <p>If Respondent is unable to provide an FRN for an individual attributable interest holder reported in this listing, press above button .</p>
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> <input type="text" value="USA"/>
Percentage of votes	<input type="text" value="51"/> %
Percentage of equity	<input type="text" value="51"/> %
Percentage of total assets (equity debt plus)	<input type="text" value="51"/> %
<input type="button" value="Save Last and Add Copy"/> <input type="button" value="Delete Selected"/>	
<input type="checkbox"/> (Check/Uncheck All)	
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>	

(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 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Exhibit 3</div>
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(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 Interests Subform

Broadcast Interest Information

Add Copy
Delete Selected

Validate Subform
Save Subform

Newspaper Interests Subform

Newspaper Interest Information

Add Copy
Delete Selected

Validate Subform
Save 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.

Enter Familial Relationships Information

Familial Relationships

Copy	Name	Parent/Child	Spouse	Siblings	Delete Copy
1.	BERNA DALLONS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<div style="display: flex; justify-content: space-around;"> Save Last and Add Copy Delete Selected </div>					<input type="checkbox"/> <i>(Check/Uncheck All)</i>

Validate Subform
Save Subform

(e.) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? Yes No

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

Exemption Information List

	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;"> <input type="checkbox"/> <i>(Check/Uncheck All)</i> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/> </div>	
4.	<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>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.</p> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 5px; text-align: center;"> Enter Respondent Interests Held Information </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;"> Respondent's Interests </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 2px;"> <input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/> </div> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 2px; text-align: center;"> <input type="checkbox"/> <i>(Check/Uncheck All)</i> </div> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/> </div>	<input checked="" type="checkbox"/> N/A
5.	<p>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.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A <input type="button" value="Exhibit 5"/>

SECTION III - CERTIFICATION

I certify that I am

(Official Title)

of

(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	Date
JAMES ROBERT KAMPSCHROEF	12/21/2009
Telephone Number of Respondent (Include area code) 8059240103	

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).

[Validate](#)[Save](#)[Edit FRN](#)[Menu](#)