



Section I - General Information

1. Respondent

FRN	Name				
[FRN]	[respondent name]				
Street Address	City (and Country if non-U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
[street address 1] [street address 2]	[city]	[state]	[zip]	[phone]	[email]

2. Contact Representative

Name	Organization				
[name]	[organization]				
Street Address	City (and Country if non-U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
[street address 1] [street address 2]	[city]	[state]	[zip]	[phone]	[email]

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	<input type="radio"/> Yes <input type="radio"/> No
If this application is being submitted without a filing fee, Indicate reason for fee exemption.	<input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Provide explanation: <input type="text" value="[explanation]"/>

4. Respondent and Report Information

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	<input type="radio"/> Licensee <input type="radio"/> Permittee (non-biennial reports only) <input type="radio"/> Entity required to file a Form 2100, Schedule 323 because it holds an attributable interest in one or more Licensees or, in the case of a non-biennial report, Permittees
Nature of Respondent	<input type="radio"/> Sole proprietorship <input type="radio"/> For-profit corporation <input type="radio"/> Not-for-profit corporation

**DRAFT - NOT YET APPROVED BY OMB
FORM 2100, Schedule 323**

	<input type="radio"/> General partnership <input type="radio"/> Limited partnership <input type="radio"/> Limited liability company <input type="radio"/> Other Submit an Exhibit describing the nature of the Respondent.
--	--

(b) Provide the following information about this report:

Purpose	<input type="radio"/> (1) Biennial <input type="radio"/> (2) Validation and resubmission of a previously filed biennial report (certifying no change from previous report) Provide file number of report that is being validated and resubmitted: <input style="width: 150px;" type="text" value="[file number]"/> <input type="radio"/> (3) Transfer of control or assignment of license/permit <input type="radio"/> (4) 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 <input type="radio"/> (5) Report filed by Permittee conjunction with Permittee's application for a station license <input type="radio"/> (6) Certification of accuracy of an initial or post-consummation ownership report filed by Permittee in conjunction with Permittee's application for a station license Provide file number of report being certified: <input style="width: 150px;" type="text" value="[file number]"/> <input type="radio"/> (7) Amendment to a previously filed ownership report Submit an Exhibit listing, by Section and Question Number, the portions of the previous report that are being revised.
"As of" date	<p>All of the information furnished in this report is accurate as of the following date (mm/dd/yyyy): <input style="width: 100px;" type="text" value="[date]"/></p> <p>When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.</p>

**5. Licensee(s)/
Permittee(s)
and Stations(s)/
Permit(s)**

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

Licensee/Permittee Name	FRN
[licensee name]	[FRN]

Fac. ID No.	Call Sign	City	State	Service
[Fac. ID No.]	[call sign]	[city]	[state]	[service]

Section II-A - Non-Biennial Ownership Information

**1. 47 C.F.R.
Section
73.3613
Documents**

Licensee/Permittee Respondents should list all contracts and other instruments required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is an attributable Local Marketing Agreement (LMA), an attributable Joint Sales Agreement (JSA), or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.

Not Applicable

Document Information

Description of contract or instrument	[description of contract or instrument]
Parties to contract or instrument	[parties to contract or instrument]
Date of execution (mm/yyyy)	[date of execution]
Date of expiration (mm/yyyy)	[date of expiration] <input type="checkbox"/> No expiration date
Agreement type (check all that apply)	<input type="checkbox"/> Attributable LMA <input type="checkbox"/> Attributable JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other Indicate agreement type: [agreement type]

**2. Ownership
Interests**

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

**DRAFT - NOT YET APPROVED BY OMB
FORM 2100, Schedule 323**

Ownership Information			
FRN	[FRN]		
Name	[name]		
Address	Street 1	[street 1]	
	Street 2	[street 2]	
	City	[city]	
	State ("NA" if non-U.S. address)	[state]	
	Zip/Postal Code	[zip]	
	Country (if non-U.S. address)	[country]	
Listing Type	<input type="radio"/> Respondent <input type="radio"/> Other interest holder		
Positional Interests (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"/> <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable LMA <input type="checkbox"/> Att [interest type] <input type="checkbox"/> Other Specify interest type:		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	[voting]	Jointly Held? <input type="radio"/> Yes <input type="radio"/> No
	Total assets (Equity Debt Plus)	[total assets]	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		<input type="radio"/> Yes <input type="radio"/> No	
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in response to Question 2(a) are non-attributable. If "No," submit as an exhibit an explanation.			<input type="radio"/> Yes <input type="radio"/> No
(c) Does the Respondent or any interest holder reported in response to Question 2(a) hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, 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. 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			<input type="radio"/> Yes <input type="radio"/> No

**DRAFT - NOT YET APPROVED BY OMB
FORM 2100, Schedule 323**

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](#).

If using the subform, leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter “NA” into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission’s Equity Debt Plus attribution standard.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Other Newspaper Interests

FRN	[FRN]	
Name	[name]	
Name of Newspaper	[newspaper]	
Location of Newspaper	City	[city]
	State	[state]
Positional Interests (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"/> Stockhold <input type="checkbox"/> _____ <input type="checkbox"/> Other Specify interest type: <input type="text" value="[interest type]"/>	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	[voting]
	Total assets (Equity Debt Plus)	[total assets]

(d) Are any of the individuals listed in response to Question 2(a) married to each other or related to each other as parent-child or as siblings?

If “Yes,” provide the following information for each such the relationship.

- Yes
- No

Family Relationships

FRN	[FRN]	Name	[name]
FRN	[FRN]	Name	[name]

**DRAFT - NOT YET APPROVED BY OMB
FORM 2100, Schedule 323**

Relationship	<input type="checkbox"/> Spouses	<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Siblings
---------------------	----------------------------------	---------------------------------------	-----------------------------------

<p>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s) or Permittee(s)?</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>	<input type="radio"/> Yes <input type="radio"/> No
---	---

Attribution Exemptions

Name	[name]	Title	[title]
------	--------	-------	---------

Section II-B - Biennial Ownership Information

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

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is an attributable Local Marketing Agreement (LMA), an attributable Joint Sales Agreement (JSA), or a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select “Not Applicable” in response to this question.

Not Applicable

Document Information

Description of contract or instrument	[description of contract or instrument]
Parties to contract or instrument	[parties to contract or instrument]
Date of execution (mm/yyyy)	[date of execution]
Date of expiration (mm/yyyy)	[date of expiration] <input type="checkbox"/> No expiration date
Agreement type (check all that apply)	<input type="checkbox"/> Attributable LMA <input type="checkbox"/> Attributable JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other Indicate agreement type: <input type="text" value="[agreement type]"/>

2. Ownership Interests

(a) This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt

**DRAFT - NOT YET APPROVED BY OMB
FORM 2100, Schedule 323**

Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information	
FRN	[FRN]
Name	[name]
Address	Street 1 [street 1]
	Street 2 [street 2]
	City [city]
	State ("NA" if non-U.S. address) [state]
	Zip/Postal Code [zip]
	Country (if non-U.S. address) [country]
Listing Type	<input type="radio"/> Respondent <input type="radio"/> Other interest holder
Positional Interests (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 Investor <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable LMA <input type="checkbox"/> Att [interest type] <input type="checkbox"/> Other Specify interest type:
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	<input type="radio"/> N/A (entity)
	Citizenship [citizenship]
	Gender <input type="radio"/> Male <input type="radio"/> Female

DRAFT - NOT YET APPROVED BY OMB
FORM 2100, Schedule 323

Ethnicity	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
------------------	--

Other Newspaper Interests

FRN	[FRN]	
Name	[name]	
Name of Newspaper	[newspaper]	
Location of Newspaper	City	[city]
	State	[state]
Positional Interests (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"/> Stockhold <input type="checkbox"/> <input style="border: 1px solid black; width: 150px; height: 15px;" value="[interest type]"/> <input type="checkbox"/> Other Specify interest type:	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	[voting]
	Equity	[equity]
	Total assets (Equity Debt Plus)	[total assets]

(d) Are any of the individuals listed in response to Question 2(a) married to each other or related to each other as parent-child or as siblings?	<input type="radio"/> Yes
If " <u>Yes</u> ," provide the following information for each such the relationship.	<input type="radio"/> No

Family Relationships

FRN	[FRN]	Name	[name]
FRN	[FRN]	Name	[name]
Relationship	<input type="checkbox"/> Spouses <input type="checkbox"/> Parent/Child <input type="checkbox"/> Siblings		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	<input type="radio"/> Yes
If " <u>Yes</u> ," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	<input type="radio"/> No

Attribution Exemptions

Name	[name]	Title	[title]
-------------	--------	--------------	---------

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Not Applicable

Section III - Certification

I certify that I am

[title]

(official title)

of

[respondent]

(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.

Signature	[signature]
Date (mm/dd/yyyy) (When filing a biennial ownership report, date of signature below must be no earlier than Oct. 1 of the filing year.)	[date]
Telephone Number (Include area code)	[telephone number]

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).