

#### (REFERENCE COPY - Not for submission)

# Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000044181Submit Date:2018-02-27FRN:0001961713Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:02/27/2018Filing Status:Active

# **Section I - General Information**

# 1. Respondent

 FRN
 Entity Name

 0001942606
 WRAL FM, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
2619 Western Boulevard	Raleigh	NC	27606	+1 (919) 821-8933	jvenable@capitolbroadcasting. com

# 2. Contact Representative

Name	Organization
David A. O'Connor	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783-4141	doconnor@wbklaw.com

# 3. Application Filing Fee

# Question Response Is this application being submitted without a filing fee? No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	1	95	\$70.00
			•	*	Total	\$70.00

# 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	For-profit corporation	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2017
	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.

# 5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name			FRN	FRN		
WRAL FM, Inc.			0001942606	0001942606		
Fac. ID No.	Call Sign	City	State	Service		
73920	WRAL	RALEIGH	NC	FM		

# Section II – Biennial Ownership Information

### 1. 47 C.F.R. Section 73.3613 and Other 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 set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable 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.

Document Information			
Description of contract or instrument	Articles of Incorporation, as amended		
Parties to contract or instrument	North Carolina		
Date of execution	05/1996		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Capitol Holding Company, Inc Articles of Incorporation		

Document Information			
Description of contract or instrument	Bylaws, as amended		
Parties to contract or instrument	North Carolina		
Date of execution	07/2013		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Capitol Broadcasting Company, Inc Bylaws		

#### **Document Information**

Description of contract or instrument	Bylaws, as amended
Parties to contract or instrument	North Carolina
Date of execution	07/2013
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Capitol Holding Company, Inc Bylaws

#### **Document Information**

Description of contract or instrument	Certificate of Incorporation, as amended	
Parties to contract or instrument	North Carolina	
Date of execution	01/1965	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Capitol Broadcasting Company, Inc Certificate of Incorporation	

# **Document Information**

Description of contract or instrument	Second Amended and Restated Negative Pledge Agreement
Parties to contract or instrument	Wells Fargo Bank, N.A.
Date of execution	07/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Capitol Holding Company, Inc Pledge Agreement

#### **Document Information**

Description of contract or instrument	Articles of Incorporation, as amended	
Parties to contract or instrument	North Carolina	
Date of execution	11/1981	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: WRAL FM, Inc Articles of Incorporation	

#### Document Information

Description of contract or instrument	Second Amended and Restated Credit Agreement, as amended
Parties to contract or instrument	Wells Fargo Bank, N.A.
Date of execution	05/2013
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Credit Agreement

#### **Document Information**

Description of contract or instrument	Bylaws, as amended
Parties to contract or instrument	North Carolina
Date of execution	07/2013
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> WRAL FM, Inc Bylaws

#### 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) 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	0001942606	
Entity Name	WRAL FM, Inc.	
Address	PO Box	
	Street 1 2619 Western Boulevard	
	Street 2       City     Raleigh	
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	27606

**Ownership Information** 

	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt0.0%Plus)		
Does interest holder have ar	Does interest holder have an attributable interest in one or more broadcast stations		Yes

that do not appear on this report?

Ownership Information				
FRN	0019247915			
Name	Daniel P. McGrath			
Address	PO Box			
	Street 1	2619 Western Boulevard		
	Street 2			
	City	Raleigh	Raleigh	
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	27606		
	Country (if non-U.S.     United States       address)     United States			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	

FRN	0019247873	0019247873		
Name	James F. Goodmon, Jr.			
Address	PO Box			
	Street 1	2619 Western Boulevard		
	Street 2			
	City	Raleigh		
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	Zip/Postal Code 27606		
	Country (if non-U.S.     United States       address)     Image: Country (if non-U.S.)			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship US			
Ethnicity, and Race Information (Natural	Gender	Male Not Hispanic or Latino		
Persons Only)	Ethnicity			
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0% Jointly Held? No 0.0%		
from 0.0 to 100.0)	Equity			
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

# **Ownership Information**

FRN	0019247790	
Name	James F. Goodmon	
Address	PO Box	
	Street 1	2619 Western Boulevard
	Street 2	
	City Raleigh	
	State ("NA" if non-U.S.NCaddress)	
	Zip/Postal Code 27606	
	Country (if non-U.S.     United States       address)     United States	
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Director	

Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		r more broadcast stations	Yes

Ownership Information			
FRN	0023118128		
Name	Jennifer B. Venable		
Address	PO Box		
	Street 1	2619 Western Boulevard	
	Street 2		
	City	Raleigh	
	State ("NA" if non-U.S. address)		
	Zip/Postal Code		
	Country (if non-U.S.United Statesaddress)		
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0% Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes

**Ownership Information** 

FRN	0001961713
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Entity Name	CAPITOL BROADCASTING	CAPITOL BROADCASTING COMPANY, INC.		
Address	PO Box			
	Street 1	2619 Western Boulevard		
	Street 2			
	City	Raleigh		
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	27606		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	100.0% Jointly Held? No		
from 0.0 to 100.0)	Equity	100.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	Yes	

Ownership Information			
FRN	0019250539		
Name	Thomas McLaughlin		
Address	PO Box		
	Street 1	2619 Western Boulevard	
	Street 2		
	City	Raleigh	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	27606	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	

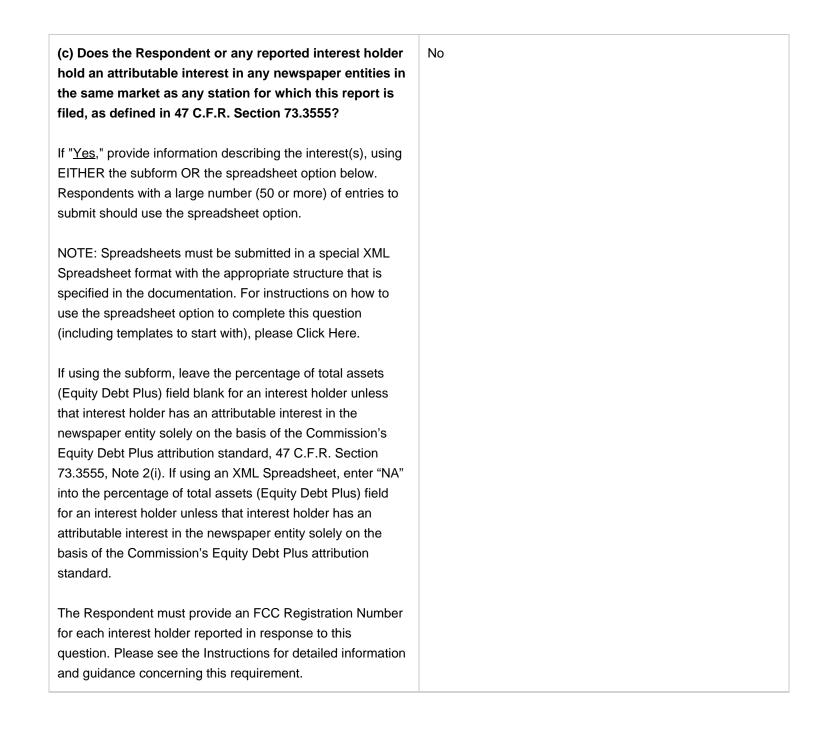
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0% Jointly Held? No		
	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes		

Ownership Information				
FRN	0019248020			
Name	George W. Habel, III.			
Address	PO Box			
	Street 1	2619 Western Boulevard		
	Street 2			
	City	Raleigh		
	State ("NA" if non-U.S. address)	NC	NC	
	Zip/Postal Code	27606		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0% Jointly Held? No		
	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

Ownership Information		
FRN	0019247881	
Name	Michael J. Goodmon	
Address	PO Box	
	Street 1	2619 Western Boulevard

	Street 2			
	City	Raleigh		
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	27606		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		more broadcast stations	Yes	
(b) Respondent certifies that interests, not reported in this	any interests, including equit	y, financial, or voting	Yes	

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



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

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

Family Relationships				
FRN	0019247881	Name	Michael J Goodmon	
FRN	0019247873	Name	James F Goodmon , Jr	
Relationship	Siblings			

### Family Relationships

#### **Family Relationships**

FRN	0019247790	Name	James F Goodmon
FRN	0019247881	Name	Michael J Goodmon
Relationship	Parent/Child		

#### **Family Relationships**

FRN	0019247790 Name James F Goodmon		James F Goodmon
FRN	0019247873	Name	James F Goodmon , Jr
Relationship	Parent/Child		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

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.

# 3. Organizational Chart (Licensees Only)

Certification

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.

No

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

File Name	Uploaded By	Attachment Type	Description
Organizational Chart_10-1-2017.pdf	Applicant	Ownership Chart	Organizational Chart

# **Section III - Certification**

Section	Question	Response
Authorized Party to Sign	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 LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify 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.	Official Title: <b>Vice President</b> Exact Legal Title or Name of Respondent: <b>WRAL FM, Inc.</b> Name: <b>Jennifer B Venable</b> Phone: <b>9198218933</b> 02/27/2018