

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

File Number: 0000042746 Submit Date: 2018-02-20 FRN: 0015428220 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/20/2018 Filing Status: Active

## **Section I - General Information**

### 1. Respondent

RN	Entity Name
0017873902	Northway Broadcasting, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
238 BAY ROAD	QUEENSBURY	NY	12804	+1 (518) 761- 9890	cashworth@rrggf. com

Organization

### 2. Contact Representative

F. Scott Pippin		l	LERMAN SENTER PLLC		
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 418- 1081	spippin@lermansenter. com

### 3. Application **Filing Fee**

## Not Applicable

Name

## 4. Nature of Respondent

### (a) Provide the following information about the Respondent: **Relationship to stations/permits** Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees **Nature of Respondent** Limited liability company

### (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.

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

Licensee/Permittee Name			FRN	
Regional Radio Group, LLC		0015428220		
Fac. ID No.	Call Sign	City	State	Service
19650	WCKM-FM	LAKE GEORGE	NY	FM
36767	WCQL	QUEENSBURY	NY	FM
49092	WWSC	GLENS FALLS	NY	AM

### 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.

Not Applicable.

#### 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.

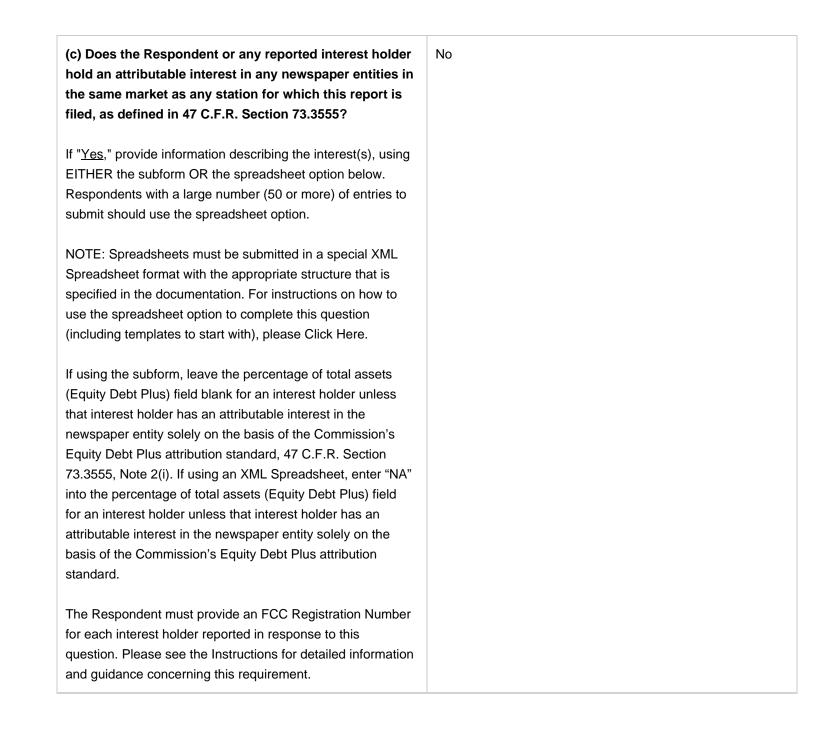
Ownership Information	Dwnership Information				
FRN	0017873902				
Entity Name	Northway Broadcasting, LLC				
Address	PO Box				
	Street 1	238 BAY ROAD			
	Street 2				
	City	QUEENSBURY			
	State ("NA" if non-U.S. address)	NY			
	Zip/Postal Code	12804			

	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 Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations			Yes

that do not appear on this report?

Ownership Information				
FRN	0023215478	0023215478		
Name	Jane Ashworth			
Address	PO Box	PO Box		
	Street 1	238 BAY ROAD		
	Street 2			
	City	QUEENSBURY		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12804		
	Country (if non-U.S. United States   address) United States			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member	LC/LLC/PLLC Member		
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	46.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	46.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				

FRN	0019962190		
Name	Clayton Ashworth		
Address	PO Box		
	Street 1	238 BAY ROAD	
	Street 2		
	City	QUEENSBURY	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	12804	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member, Other - Managing Member		
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	54.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	54.0%	
	Total assets (Equity Debt 0.0%   Plus) 0.0%		
	Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?		
(b) Respondent certifies that any interests, including equity, financial, or voting Yes interests, not reported in this filing are non-attributable. 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	0019962190 Name Clayton Ashworth			
FRN	0023215478	Name	Jane Ashworth	
Relationship	Spouses			

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

If <u>Yes</u>, complete the information in the required fields and submit an Exhibit fully describin that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

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>Managing Member</b> Exact Legal Title or Name of Respondent: <b>Northway Broadcasting, LLC</b> Name: <b>Clayton Ashworth</b> Phone: <b>5187619890</b> 02/20/2018