Response



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

FRN

0019424746

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

File Number:0000093768Submit Date:2019-12-19FRN:0019424746Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:12/19/2019Filing Status:Active

## **Section I - General Information**

Mitts Telecasting Company, LLC

## 1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
609 West Acequia Avenue Suite B	Visalia	CA	93291	+1 (559) 625- 4234	tmitts@forticelle. com

## 2. Contact Representative

Name	Organization
Henry Wendel	Cooley LLP

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
1299 Pennsylvania Avenue, NW Suite 700	Washington	DC	20004	+1 (202) 776-2943	hwendel@cooley.com

## 3. Application Filing Fee

## Question

Is this application being submitted without a filing fee?	No	
Is this application being submitted without a filing fee?	No	

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	МАТ	1	95	\$70.00
		·	·	1	Total	\$70.00

# 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Limited liability company	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
	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
Mitts Telecasting Company, LLC	0019424746

Fac. ID No.	Call Sign	City	State	Service
23277	KXVO	ОМАНА	NE	DTV

## 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	Limited Liability Company Agreement	
Parties to contract or instrument	Dr. Thomas Mitts	
Date of execution	12/2009	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: LLC Agreement	

**Document Information** 

Description of contract or instrument	Time Brokerage Agreement, as amended and assumed
Parties to contract or instrument	TTBG OMAHA OPCO, LLC, AS ASSUMED BY SINCLAIR TELEVISION OF OMAHA, LLC, AND MITTS TELECASTING COMPANY
Date of execution	11/1994
Date of expiration	10/2024
Agreement type (check all that apply)	Attributable LMA

#### **Document Information**

Description of contract or instrument	Option Agreement, as amended and assumed
Parties to contract or instrument	TTBG OMAHA OPCO, LLC, AS ASSUMED BY SINCLAIR TELEVISION OF OMAHA, LLC, AND MITTS TELECASTING COMPANY
Date of execution	10/2009
Date of expiration	10/2024
Agreement type (check all that apply)	Other Agreement Type: Option Agreement

#### **Document Information**

Description of contract or instrument	Articles of Organization
Parties to contract or instrument	California
Date of execution	12/2009
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Organizational Document

#### **Document Information**

Description of contract or instrument	Affiliation Agreement, as amended
Parties to contract or instrument	The CW Network and Sinclair Broadcasting Company
Date of execution	09/2016
Date of expiration	08/2021
Agreement type (check all that apply)	Network Affiliation Agreement

#### 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	0019424746		
Entity Name	Mitts Telecasting Company, LLC		
Address	PO Box		
	Street 1	609 West Acequia Avenue	
	Street 2	Suite B	
	City	Visalia	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	93291	
	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	Equity 0.0%	
	Total assets (Equity Debt 0.0%   Plus) 0.0%		
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No

Ownership Information

#### **Ownership Information**

•		
FRN	0019470517	
Name	Thomas F. Mitts	
Address	PO Box	
	Street 1	609 West Acequia Avenue
	Street 2	Suite B
	City	Visalia
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	93291

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, LC/LLC/PLLC Membe	Officer, LC/LLC/PLLC Member, Other - Manager		
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	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	100.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations No		No		

## **Ownership Information**

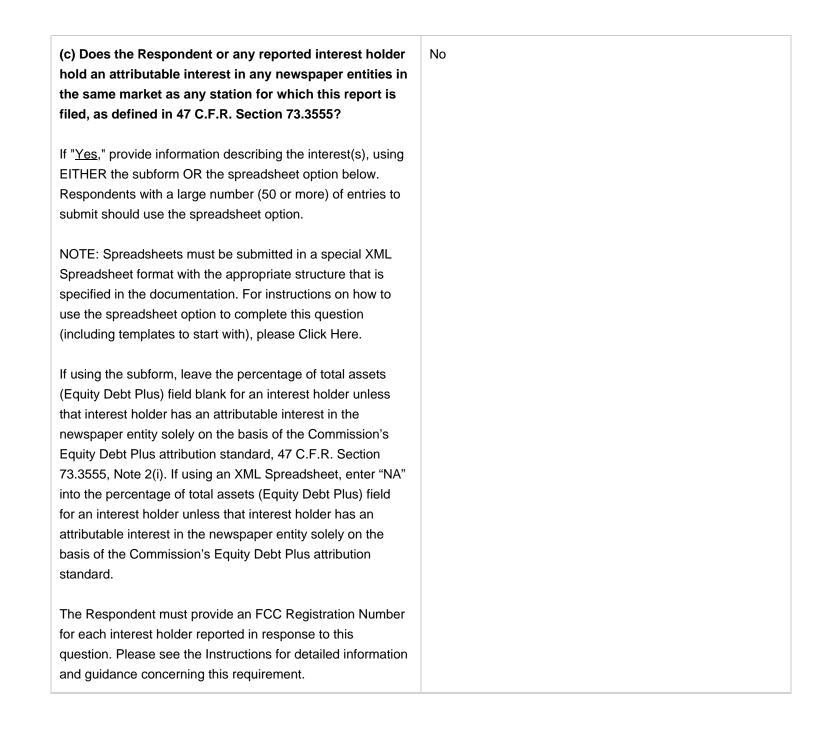
that do not appear on this report?

FRN	0019525914		
Name	Mary M. Mitts		
Address	PO Box		
	Street 1 609 West Acequia Avenue		
	Street 2	eet 2 Suite B	
	CityVisaliaState ("NA" if non-U.S. address)CAZip/Postal Code93291		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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)	0.0%	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information			
FRN	0019525948		
Name	Colin Mitts		
Address	PO Box		
	Street 1	609 West Acequia Avenue	
	Street 2	Suite B	
	City	Visalia	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	93291	
	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	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 that do not appear on this re	attributable interest in one or port?	more broadcast stations	No
(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.			Yes



(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	0019470517	Name	Thomas Mitts
FRN	0019525948	Name	Colin Mitts
Relationship	Parent/Child		

#### **Family Relationships**

FRN	0019470517	Name	Thomas Mitts
FRN	0019525914	Name	Mary M Mitts
Relationship	Spouses		

(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 attributed an interest.

## 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.

File Name	Uploaded By	Attachment Type	Description
Mitts Organizational Chart.pdf	Applicant	Ownership Chart	Organizational Chart

## **Section III - Certification**

### 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>President</b> Exact Legal Title or Name of Respondent: <b>Mitts</b> <b>Telecasting Company, LLC</b> Name: <b>Thomas Mitts</b> Phone: <b>5596254234</b> 12/19/2019