

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000092050Submit Date:2019-12-02FRN:0004993069Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:12/02/2019Filing Status:Active

Section I - General Information

Camellia City Communications, Inc.

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
788 Cedar Rock Rd	Thomson	GA	30824- 7642	+1 (706) 595- 5122	mike@wtho. com

2. Contact Representative

Name	Organization	
Donald Michael Wall	Camellia City Communications, Inc.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
788 Cedar Rock Rd	Thomson	GA	30824-7642	+1 (706) 595-5122	mike@wtho.com

3. Application Filing Fee

Question

FRN

0004993069

Is this application being submitted without a filing fee?

 Response

 No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	2	95	\$140.00
		·	·	•	Total	\$140.00

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	Validation and resubmission of a previously filed biennial report (certifying no changes from the previously filed biennial report) 0000036049
"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
Camellia City Communications, Inc.	0004993069

Fac. ID No.	Call Sign	City	State	Service
8475	WTHO-FM	THOMSON	GA	FM
8476	WTWA	THOMSON	GA	AM
151804	W285EP	THOMSON	GA	FX

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	
Parties to contract or instrument	D. Michael Wall CEO Sharon B. Wall SEC	
Date of execution	12/1992	

Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Georgia Articles of Incorporation Document

Document Information			
Description of contract or instrument	Bylaws		
Parties to contract or instrument	D. Michael Wall CEO Sharon B. Wall SEC		
Date of execution	12/1992		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Georgia Corporation 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	0004993069			
Entity Name	Camellia City Communications, Inc.			
Address	PO Box			
	Street 1	788 Cedar Rock Rd		
	Street 2			
	City	Thomson		
	State ("NA" if non-U.S. address)	GA		
	Zip/Postal Code	30824-7642		
	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 No that do not appear on this report?		No		

Ownership Information

Ownership Information			
FRN	9990117608		
Name	Donald Michael Wall		
Address	PO Box		
	Street 1	1010 Tanyard Creek Drive	
	Street 2		
	City	Thomson	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	30824	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Owner, Stockholder		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have	an attributable interest in one o	r more broadcast stations	No

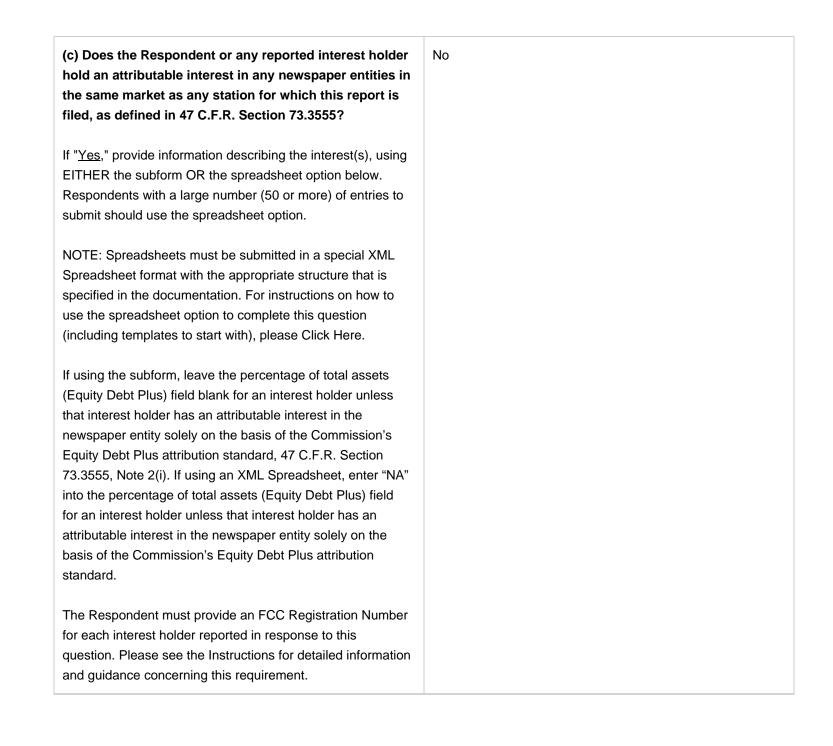
that do not appear on this report?

Owne	rchin	Info	rma

wnership Information		
FRN	9990117609	
Name	Sharon B. Wall	
Address	PO Box	
	Street 1	1010 Tanyard Creek Drive

	Street 2			
	City	Thomson		
	State ("NA" if non-U.S. address)	GA		
	Zip/Postal Code	30824		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (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)	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 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	9990117609	Name	Sharon B Wall
FRN	9990117608	Name	Donald Michael Wall
Relationship	Spouses		

No

Family Relationshins

(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) 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.

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: President Exact Legal Title or Name of Respondent: Camellia City Communications, Inc. Name: D Michael Wall Phone: 7065955122 11/30/2019