



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial  
Ownership Report (FCC Form 323-E)

File Number: 0000092652 | Submit Date: 2019-12-04 | FRN: 0002940195

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 12/04/2019

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0019776590		Wayside Temple			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3809 Maple Avenue	Castalia	OH	44824	+1 (409) 684-5311	rustyy@cfbroadcast.net

2. Contact Representative

Name		Organization			
Kathleen Victory, Esq.		Fletcher Heald & Hildreth, PLC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0473	victory@fhhlaw.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees	
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?		No

(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
Christian Faith Broadcast, Inc.	0002940195

Fac. ID No.	Call Sign	City	State	Service
11027	WGGN-TV	SANDUSKY	OH	DTV
11028	WGGN	CASTALIA	OH	FM
11033	WLLA	KALAMAZOO	MI	DTV
11035	WJKW	ATHENS	OH	FM
81963	WLRD	WILLARD	OH	FM

Section II – 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 set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents 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, members of the governing board (or other governing entity), stockholders, 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	0019776590	
Entity Name	Wayside Temple	
Address	PO Box	
	Street 1	3809 Maple Avenue
	Street 2	
	City	Castalia
	State ("NA" if non-U.S. address)	OH

	<b>Zip/Postal Code</b>	44824
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	
<b>Positional Interests</b> (check all that apply)	Respondent	
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
<b>FRN</b>	0019934116	
<b>Name</b>	Shelby Gillam	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	6815 Parker Road
	<b>Street 2</b>	
	<b>City</b>	Castalia
	<b>State ("NA" if non-U.S. address)</b>	OH
	<b>Zip/Postal Code</b>	44824
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Pastor	
<b>By Whom Appointed or Elected</b>	Board	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%
	<b>Equity</b>	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	0019934140	
Name	Clyde R. Yost, Jr.	
Address	PO Box	
	Street 1	601 Cold Creek Court
	Street 2	
	City	Castalia
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44824
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Pastor	
By Whom Appointed or Elected	Board	
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 from 0.0 to 100.0)	Voting	0.0%
	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	0019934181	
Name	Tom Tinnel	
Address	PO Box	
	Street 1	1312 Horn Road
	Street 2	

	<div>City</div> <div>Milan</div>	
	<div>State ("NA" if non-U.S. address)</div> <div>OH</div>	
	<div>Zip/Postal Code</div> <div>44846</div>	
	<div>Country (if non-U.S. address)</div> <div>United States</div>	
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests</div> <div>(check all that apply)</div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Retired	
<div>By Whom Appointed or Elected</div>	Board	
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div> <div>US</div>	
	<div>Gender</div> <div>Male</div>	
	<div>Ethnicity</div> <div>Not Hispanic or Latino</div>	
	<div>Race</div> <div>White</div>	
<div>Interest Percentages</div> <div>(enter percentage values from 0.0 to 100.0)</div>	<div>Voting</div> <div>0.0%</div>	
	<div>Equity</div> <div>0.0%</div>	
	<div>Total assets (Equity Debt Plus)</div> <div>0.0%</div>	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		No

Ownership Information		
<div>FRN</div>	0019934173	
<div>Name</div>	Brian Adkinson	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	9710 Route 269N
	<div>Street 2</div>	
	<div>City</div>	Bellevue
	<div>State ("NA" if non-U.S. address)</div>	OH
	<div>Zip/Postal Code</div>	44811
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests</div> <div>(check all that apply)</div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Television Broduction Manager	

By Whom Appointed or Elected	Board	
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 from 0.0 to 100.0)	Voting	0.0%
	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	0019934124	
Name	Harold White	
Address	PO Box	
	Street 1	6811 Parker Road
	Street 2	
	City	Castalia
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44824
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board	
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 from 0.0 to 100.0)	Voting	0.0%
	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
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Ownership Information		
FRN	0019934165	
Name	Neil Hawkins	
Address	PO Box	
	Street 1	6204 Rte 269
	Street 2	
	City	Castalia
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44824
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Associate Pastor	
By Whom Appointed or Elected	Board	
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 from 0.0 to 100.0)	Voting	0.0%
	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	0021322300	
Name	Richard Hawkins	
Address	PO Box	
	Street 1	5212 Rockwood Dr.
	Street 2	
	City	Castalia

	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44824
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	General Manager WLLA	
By Whom Appointed or Elected	Board	
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 from 0.0 to 100.0)	Voting	0.0%
	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

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?  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.	No
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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 LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	



<b>Certification</b>	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>Board Member</b> Exact Legal Title or Name of Respondent: <b>Wayside Temple</b> Name: <b>Clyde R. Yost , Jr. .</b> Phone: <b>4196845311</b>  12/04/2019
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