

FRN

0019279900

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

File Number: 0000096068 Submit Date: 2020-01-09 FRN: 0003782273 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/09/2020 Filing Status: Active

## **Section I - General Information**

Radio Austin Management, 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
500 Dominion Tower 999 Waterside Drive	Norfolk	VA	23510	+1 (757) 640- 8500	psinclair@indy.rr. com

#### 2. Contact Representative

Name	Organization
Mark Lipp	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) 812-0445	lipp@fhhlaw.com

# 3. Application

Not Applicable

# **Filing Fee**

#### 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	10/01/2019
	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
Emmis Austin Radio Broadcasting Company, L.P.	0003782273

Fac. ID No.	Call Sign	City	State	Service
9973	KLZT	BASTROP	тх	FM
23604	KGSR	CEDAR PARK	тх	FM
41213	КВРА	SAN MARCOS	тх	FM
54659	KROX-FM	BUDA	тх	FM
65791	KLBJ	AUSTIN	тх	АМ
65792	KLBJ-FM	AUSTIN	тх	FM
82261	K259AJ	AUSTIN	тх	FX
139278	K274AX	AUSTIN	ТХ	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 that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this guestion.

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				
FRN	0019279900			
Entity Name	Radio Austin Management, LLC			
Address	PO Box			

	Street 1	500 Dominion Tower			
	Street 2	999 Waterside Drive			
	City	Norfolk	Norfolk		
	State ("NA" if non-U.S. address)	VA			
	Zip/Postal Code	23510			
	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 that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No		

#### **Ownership Information**

Jwnersnip information				
FRN	0004986071			
Entity Name	Sinclair Telecable, Inc. d/b/a Sinclair Communications			
Address	PO Box			
	Street 1	500 Dominion Tower		
	Street 2	999 Waterside Drive		
	City	Norfolk		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	23510		
	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			
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)	100.0%	
Does interest holder have ar	attributable interest in one or	more broadcast stations	Yes

FRN	0019394600			
Name	J. David Sinclair			
Address	PO Box			
	Street 1	4603 Parkstone Lane		
	Street 2			
	City	Avon		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46123		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer	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%		

## **Ownership Information**

FRN	0019394527	
Name	Robert Sinclair	
Address	PO Box	
	Street 1	5233 Rockport Landing
	Street 2	
	City	Suffolk
	State ("NA" if non-U.S. address)	VA

U.S. United States Ider US Male			
US Male			
Male			
Male			
Not Hispanic or	Not Hispanic or Latino		
White			
0.0%	Jointly Held? No		
0.0%	0.0%		
uity Debt 0.0%			
	0.0%		

that do not appear on this report?

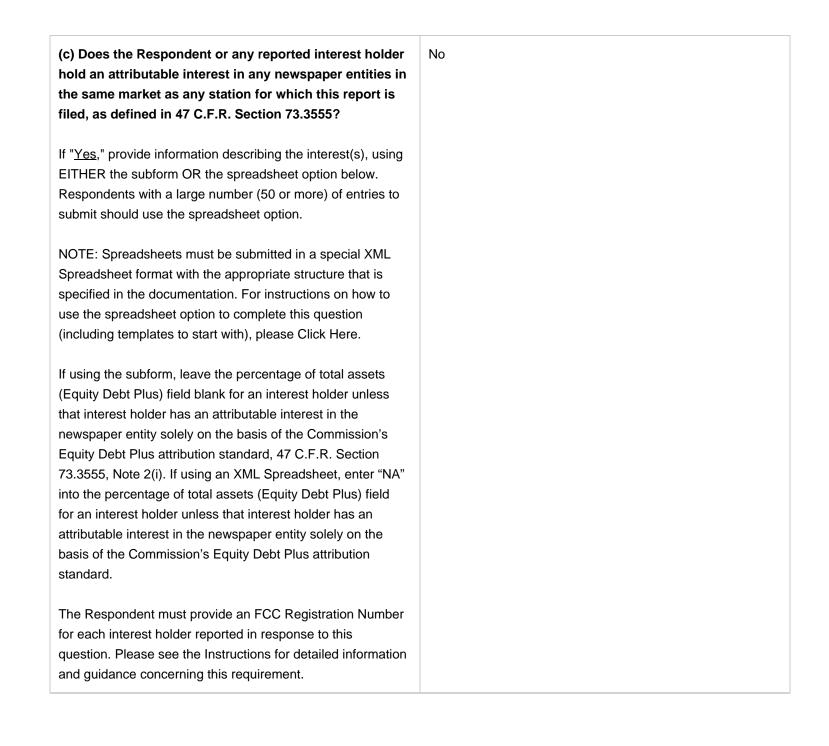
Ownership Information				
FRN	0019394584			
Name	Ann Adams			
Address	PO Box			
	Street 1	86 Yocum Road		
	Street 2			
	City	Rogers		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	72756		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	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	Yes

that do not appear	on	this	report?
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Ownership Information				
FRN	0019394816			
Name	Pamela Sinclair			
Address	PO Box			
	Street 1	4603 Parkstone Lane		
	Street 2			
	City	Avon	Avon	
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46123		
	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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	
	at any interests, including equi his filing are non-attributable.	ty, 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	0019394600	Name	J. David Sinclair
FRN	0019394816	Name	Pamela Sinclair
Relationship	Spouses		

#### **Family Relationships**

FRN	0019394527	Name	Robert Sinclair
FRN	0019394584	Name	Ann Adams
Relationship	Siblings		

#### **Family Relationships**

FRN	0019394600	Name	J. David Sinclair
FRN	0019394527	Name	Robert Sinclair
Relationship	Siblings		

Family Relationships			
FRN	0019394600	Name	J. David Sinclair
FRN	0019394584	Name	Ann Adams
Relationship	Siblings		

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

### 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>Radio Austin Management</b> Name: <b>David Sinclair</b> Phone: <b>7576408500</b> 01/09/2020