



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial
Ownership Report (FCC Form 323)

File Number: 0000222357 | Submit Date: 2023-10-10 | FRN: 0032433039

Purpose: Commercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 10/10/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0032433039		Civic Media, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
202 State Street Suite 200	Madison	WI	53703	+1 (608) 819-8255	info@civicmedia.us

2. Contact Representative

Name		Organization			
Kathleen Victory		Fletcher, Heald & Hildreth, PLC			

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

3. Application Filing Fee

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

Fees

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	19	95	\$1,805.00
				Total	\$1,805.00

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	Biennial
"As of" date	10/01/2023 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
Civic Media, Inc.	0032433039

Fac. ID No.	Call Sign	City	State	Service
3712	WRPQ	BARABOO	WI	AM
6649	WVXN	NEW HOLSTEIN	WI	AM
7056	WLCX	LA CROSSE	WI	AM
7874	WCFW	CHIPPEWA FALLS	WI	FM
7875	W228EP	EAU CLAIRE	WI	FX
10824	WAUK	JACKSON	WI	AM
22793	WRCE	RICHLAND CENTER	WI	AM
34907	WISS	BERLIN	WI	AM
41437	WRJN	RACINE	WI	AM
47079	WLAK	AMERY	WI	AM
48846	WCQM	PARK FALLS	WI	FM
48847	WPFP	PARK FALLS	WI	AM
53994	WBZH	HAYWARD	WI	AM
56312	WRCO-FM	RICHLAND CENTER	WI	FM
59611	WXCO	WAUSAU	WI	AM
65632	WSCM	BALDWIN	WI	FM

71092	WMDX	COLUMBUS	WI	AM
73053	WFHR	WISCONSIN RAPIDS	WI	AM
74127	WGBW	DENMARK	WI	AM
85832	WIRI	NEKOOSA	WI	FM
144663	W252DR	OSHKOSH	WI	FX
152103	W251BU	KENOSHA	WI	FX
155147	W259BC	BARABOO	WI	FX
157055	W260CV	RACINE	WI	FX
157727	W299CD	RICHLAND CENTER	WI	FX
200551	W276DJ	PARK FALLS	WI	FX
200651	W255DN	WAUSAU	WI	FX
200994	W224EG	MADISON	WI	FX
201271	W230DA	NEW HOLSTEIN	WI	FX
202335	W250CV	GREEN BAY	WI	FX
202401	W297CU	AMERY	WI	FX
202460	W279EG	BARABOO	WI	FX
202720	W248DE	WISCONSIN RAPIDS	WI	FX
202849	W266DR	WAUKESHA	WI	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	Certificate of Incorporation
Parties to contract or instrument	Licensee and State of Delaware
Date of execution	09/2022
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate governance

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	0032433039		
Entity Name	Civic Media, Inc.		
Address	PO Box		
	Street 1	202 State Street	
	Street 2	Suite 200	
	City	Madison	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53703	
	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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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	2130006402	
Name	Michael W. Crute	
Address	PO Box	
	Street 1	6409 Mendota Ave.
	Street 2	
	City	Middleton

	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53562	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Stockholder		
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	10.0%	Jointly Held? No
	Equity	1.6%	
	Total assets (Equity Debt Plus)	10.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0032904195		
Name	Sage Weil		
Address	PO Box		
	Street 1	202 State Street	
	Street 2	Suite 200	
	City	Madison	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53703	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Stockholder		
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	90.0%	Jointly Held? No

	Equity	98.4%	
	Total assets (Equity Debt Plus)	90.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0034334326		
Name	Monte R. Jaffe		
Address	PO Box		
	Street 1	29 Heather Way	
	Street 2		
	City	Sharon	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	02067	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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%	Jointly Held? No
	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) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If " <u>Yes</u> ," provide the following information for each such the relationship.	No
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<p>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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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.

No parent entity - licensee comprised of individual shareholders -so no chart required.

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 LICENSE --OR 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: CEO Exact Legal Title or Name of Respondent: Civic Media, Inc. Name: Sage Weil Phone: 6088198255 10/09/2023