

FRN

0002715118

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000040126Submit Date:2018-01-12FRN:0002701340Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:01/12/2018Filing Status:Active

Section I - General Information

West Bend Broadcasting 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
One South Parker Drive PO Box 5001	Janesville	WI	53547	+1 (608) 752- 7895	mobrien@wclo. com

2. Contact Representative

Name	Organization
John S. Logan	Cooley LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1299 Pennsylvania Avenue, NW Suite 700	Washington	DC	20004	+1 (202) 776-2640	jlogan@cooley.com

3. Application Filing Fee

Not Applicable

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	For-profit corporation	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2017
	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	
Southern Wisconsin Broadcasting LLC			000270134	0
Fac. ID No.	Call Sign	City	State	Service
61390	WCLO	JANESVILLE	WI	AM
61391	WJVL	JANESVILLE	WI	FM

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.

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	0002715118			
Entity Name	West Bend Broadcasting Inc.			
Address	PO Box			
	Street 1	One South Parker Drive		
	Street 2	PO Box 5001		
	City	Janesville		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	53547		

	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 ar that do not appear on this re	attributable interest in one of port?	r more broadcast stations	No	

Ownership Information				
FRN	0019411503	0019411503		
Name	Sidney H. Bliss	Sidney H. Bliss		
Address	ss PO Box			
	Street 1	644 South Shore Drive		
	Street 2			
	City	Fontana		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	53125		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director	Officer, Director		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male	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)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

FRN	0019411628			
Name	Michael O'Brien			
Address	PO Box			
	Street 1	824 Suffolk Drive		
	Street 2			
	City	Janesville		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	53456		
	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	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)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

FRN	0019605633	
Entity Name	Bliss Communications, Inc.	
Address	PO Box	
	Street 1	One South Parker Drive
	Street 2	PO Box 5001
	City	Janesville
	State ("NA" if non-U.S. address)	WI
	Zip/Postal Code	53547
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Stockholder	

Tribal Nation or Tribal Entity	Interest holder is not a Tribal na	er 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)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No	

Ownership Information

0027122191		
Mary Jo Villa		
PO Box		
1	One South Parker Drive	
2	PO Box 5001	
	Janesville	
State ("NA" if non-U.S. WI address)		
stal Code	53577	
ry (if non-U.S. ss)	United States	
Other Interest Holder		
Officer		
Citizenship US		
r	Female	
ity	Not Hispanic or Latino	
	White	
	0.0%	Jointly Held? No
	0.0%	
ssets (Equity Debt		

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

No

•		
FRN	0027122043	
Name	Pam Schmoldt	
Address	PO Box	
	Street 1	1605 Shannon Drive

	Street 2		
	City	Janesville	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53546	
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)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

Ownership	Information
Ownership	Information

FRN	0027131572	
Name	Pamela Milheiser	
Address	PO Box	
	Street 1	27 Wilson Avenue
	Street 2	
	City	Fort. Atkinson
	State ("NA" if non-U.S. address)	WI
	Zip/Postal Code	53114
	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)		
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	

(c) Does the Respondent or any reported interest holder
hold an attributable interest in any newspaper entities in
the same market as any station for which this report is
filed, as defined in 47 C.F.R. Section 73.3555?
If " <u>Yes</u> ," provide information describing the interest(s), using
EITHER the subform OR the spreadsheet option below.
Respondents with a large number (50 or more) of entries to
submit should use the spreadsheet option.
submit should use the spreadsheet option.
NOTE: Spreadsheets must be submitted in a special XML
Spreadsheet format with the appropriate structure that is
specified in the documentation. For instructions on how to
use the spreadsheet option to complete this question
(including templates to start with), please Click Here.
If using the subform, 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
newspaper entity solely on the basis of the Commission's
Equity Debt Plus attribution standard, 47 C.F.R. Section
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"
into the percentage of total assets (Equity Debt Plus) field
for an interest holder unless that interest holder has an
attributable interest in the newspaper entity solely on the
basis of the Commission's Equity Debt Plus attribution
standard.
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.

FRN	0019605633	
Name	Bliss Communications, Inc.	
Name of Newspaper	Janesville Gazette	
Location of Newspaper	City	Janesville
	State	WI
Positional Interests (check all that apply)	Attributable Entity	

Other Newspaper Interests

Interest Percentages	Voting	0.0%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	

Other Newspaper Interests

Other Newspaper Interests			
FRN	0027122191		
Name	Mary Jo Villa		
Name of Newspaper	Janesville Gazette		
Location of Newspaper	City	Janesville	
	State	WI	
Positional Interests (check all that apply)	Other - Attributable person		
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Other Newspaper Interests

FRN	0019411628	
Name	Michael O'Brien	
Name of Newspaper	Janesville Gazette	
Location of Newspaper	City	Janesville
	State	WI
Positional Interests (check all that apply)	Other - Attributable person	
Interest Percentages	Voting	0.0%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	

Other Newspaper Interests

FRN	0027131572	
Name	Pamela Milheiser	
Name of Newspaper	Janesville Gazette	
Location of Newspaper	City Janesville	
	State	WI
Positional Interests (check all that apply)	Other - Attributable person	
Interest Percentages	Voting	0.0%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	

Other Newspaper Interests				
FRN	0027122043			
Name	Pam Schmoldt			
Name of Newspaper	Janesville Gazette			
Location of Newspaper	City	Janesville		
	State	WI		
Positional Interests (check all that apply)	Other - Attributable person			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%		
	Equity	0.0%		
	Total assets (Equity Debt Plus)			

Other Newspaper Interests

FRN	0019411503	
Name	Sidney H. Bliss	
Name of Newspaper	Janesville Gazette	
Location of Newspaper	City	Janesville
	State	WI
Positional Interests (check all that apply)	Owner, Stockholder	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%
	Equity	100.0%
	Total assets (Equity Debt Plus)	

Other Newspaper Interests

FRN	0002715118	
Name	West Bend Broadcasting Inc.	
Name of Newspaper	Janesville Gazette	
Location of Newspaper	City	Janesville
	State	WI
Positional Interests (check all that apply)	Attributable Entity	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

No

If "Yes," provide the following information for each such the relationship.

(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.

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: West Bend Broadcasting, Inc. Name: Sidney H. Bliss Phone: 6087527895 01/12/2018