

FRN

0019892470

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

Entity Name

 File Number:
 0000046028
 Submit Date:
 2018-03-01
 FRN:
 0020019436

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 03/01/2018

 Filing Status:
 Active
 Status:
 Active
 Status Date:
 03/01/2018

Section I - General Information

1. Respondent

COLUMBIA TELEVISION BROADCASTERS, INC.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
c/o Beverly Poston One Television Place	Charlotte	NC	28205	+1 (704) 372- 4434	bposton@bahakel. com

2. Contact Representative

Name	Organization
M. Anne Swanson	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 383- 3342	aswanson@wbklaw. com

3. Application Filing Fee

4.	Nature of
Re	espondent

(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	
South Carolina Broadcasting Partners 0003819182					
Fac. ID No.	Call Sign	City	State	Service	
60963	WOLO-TV	COLUMBIA	SC	DTV	

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	0019892470			
Entity Name	COLUMBIA TELEVISION BROADCASTERS, INC.			
Address	PO Box			
	Street 1	c/o Beverly Poston		
	Street 2	One Television Place		
	City	Charlotte		
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	28205		

Ownership Information

	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?

Ownership Information				
FRN	0019312636			
Name	Beverly B. Poston			
Address	PO Box			
	Street 1	One Television Place		
	Street 2			
	City	Charlotte		
	State ("NA" if non-U.S. address)	NC	NC	
	Zip/Postal Code	28205		
	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 attributable interest in one or more broadcast stations Yes that do not appear on this report?				

FRN	0001742097			
Entity Name	MISSISSIPPI TELECASTING CO., INC.			
Address	PO Box			
	Street 1	c/o Beverly Poston		
	Street 2	One Television Place		
	City	Charlotte		
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	28205		
	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 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)	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				
FRN	0019312560			
Name	James G. Babb			
Address	PO Box			
	Street 1	One Television Place		
	Street 2			
	City	Charlotte		
	State ("NA" if non-U.S. address)	NC		
	Zip/Postal Code	28205		
	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 Persons Only)	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 that do not appear on this	an attributable interest in one c report?	or more broadcast stations	Yes

Ownership Information

Russell J. Schwartz PO Box Street 1 Street 2 City State ("NA" if non-U.S.	One Television Place		
Street 1 Street 2 City State ("NA" if non-U.S.			
Street 2 City State ("NA" if non-U.S.			
City State ("NA" if non-U.S.	Charlotte		
State ("NA" if non-U.S.	Charlotte		
		Charlotte	
address)	NC		
Zip/Postal Code	28205		
Country (if non-U.S. address)	United States		
Other Interest Holder			
Officer			
Citizenship	US		
Gender	Male		
Ethnicity	Not Hispanic or Latino		
Race	White		
Voting	0.0%	Jointly Held? No	
Equity	0.0%		
Total assets (Equity Debt Plus)	0.0%		
	Country (if non-U.S. address) Other Interest Holder Officer Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt Plus)	Country (if non-U.S. address)United StatesOther Interest HolderOfficerOfficerUSCitizenshipUSGenderMaleEthnicityNot Hispanic or LatinoRaceWhiteVoting0.0%Equity0.0%Total assets (Equity Debt Plus)0.0%	

Ownership Information

FRN	0019313550	
Name	John H. Hutchinson	
Address	PO Box	

	Street 1	One Television Place	
	Street 2		
	City	Charlotte	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	28205	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
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?		more broadcast stations	Yes
(b) Respondent certifies that interests, not reported in this If "No," submit as an exhibit an	-	y, financial, or voting	Yes



(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?

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

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certif	ication

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: Columbia Television Broadcasters, Inc. Name: Beverly B Poston Phone: 7043724434 03/01/2018