

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

File Number:**OUD0068549**Submit Date:**2019-03-18**FRN:**OUD3775855**Purpose:**Commercial Broadcast Stations Non-Biennial Ownership Report**Status:**Status: Received**Status Date:**03/18/2019**Filing Status:**Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0003775855	Stillwater Broadcasting, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
Post Office Box 4584	Springfield	МО	65808	+1 (417) 883- 9180	rbmahaffey@sbcglobal. net

2. Contact Representative

Name	Organization
Gary S. Smithwick, Esquire.	Smithwick & Belendiuk, P.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5028 Wisconsin Avenue, N.W. Suite 301	Washington	DC	20016	+1 (202) 363- 4560	gsmithwick@fccworld. com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Limited liability company	

(b) Provide the following information about this report:	
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Purpose	Transfer of control or assignment of license/permit
"As of" date	03/01/2019
	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) /Permittees(s) and Station(s) /Permit(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee Name			FRN	
Stillwater Broadcasting, LLC		0003775855		
Fac. ID No.	Call Sign	City	State	Service
22267	KGFY	STILLWATER	ОК	FM
51822	KVRO	STILLWATER	ОК	FM
63438	KSPI-FM	STILLWATER	ОК	FM

STILLWATER

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Section II – Non-Biennial Ownership Information

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1. 47 C.F.R. Section 73.3613 and Other Documents

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Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Certificate of Formation	
Parties to contract or instrument	State of Missouri	
Date of execution	05/1997	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Certificate of Formation	

Document Information		
Description of contract or instrument	Operating Agreement	
Parties to contract or instrument	John B. Mahaffey, Fredna B. Mahaffey, Robert B. Mahaffey, Jennifer G. Mahaffey	
Date of execution	05/1997	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Operating Agreement	

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) or Permittee(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) or Permittee(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	0003775855		
Entity Name	Stillwater Broadcasting, LLC		
Address	PO Box		
	Street 1	Post Office Box 4584	
	Street 2		
	City	Springfield	
	State ("NA" if non-U.S. address)	МО	
	Zip/Postal Code	65808	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	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	No

Ownership Information

Listing Type

Ownership Information			
FRN	9990024300	9990024300	
Name	Robert B. Mahaffey Trustee of	the Revocable Trust Agreement	
Address	PO Box		
	Street 1	5962 S. Providence Lane	
	Street 2		
	City	Rogersville	
	State ("NA" if non-U.S. address)	МО	
	Zip/Postal Code	65742	
	Country (if non-U.S. address)	United States	

Other Interest Holder

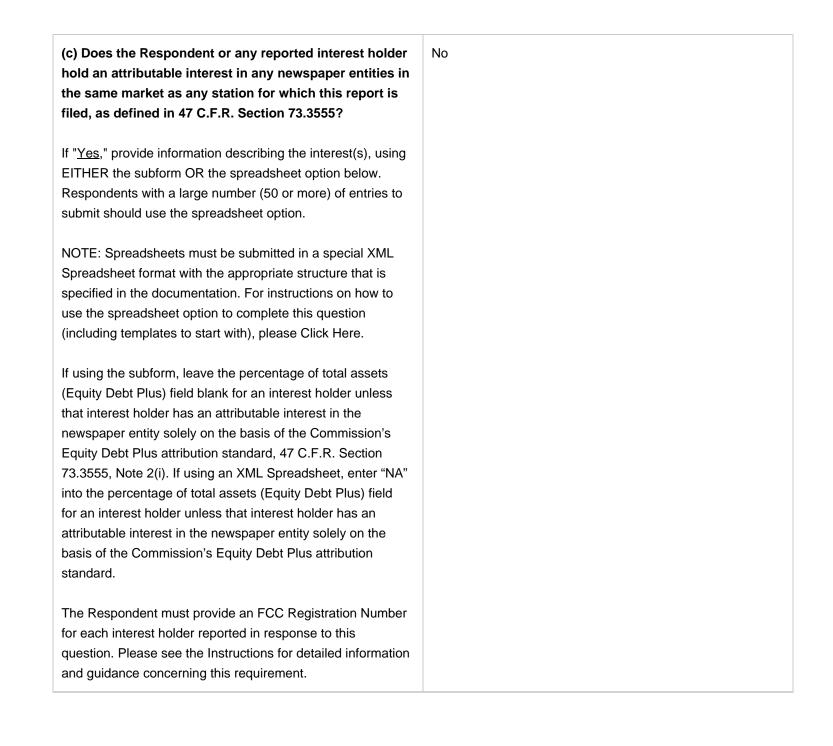
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Administrative Member		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	50.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	50.0%	
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	Yes

Ownership Information

FRN	9990024326			
Name	Jennifer G. Mahaffey Trustee Under Revocable Trust Agreement			
Address	PO Box			
	Street 1	5962 Providence Lane		
	Street 2			
	City	Rogersville		
	State ("NA" if non-U.S. address)	МО		
	Zip/Postal Code	65742		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Administrative Member			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	50.0%	Jointly Held? No	
	Total assets (Equity Debt Plus)	50.0%		
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	Yes	
b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	Yes	

interests, not reported in this filing are non-attributable.

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	9990024300	Name Robert B. Mahaffey Trustee of the Revocable Trust Agreement		
FRN	9990024326	Name	Jennifer G. Mahaffey Trustee Under Revocable Trust Agreement	
Relationship Spouses				

(e) Is Respondent seeking an attribution exemption for any officer or director with
duties wholly unrelated to the Licensee(s)?NoIf "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

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: Administrative Member Exact Legal Title or Name of Respondent: Stillwater Broadcasting, LLC Name: Robert B. Mahaffey Phone: 4178839180 03/18/2019