

#### (REFERENCE COPY - Not for submission)

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

 File Number:
 0000092987
 Submit Date:
 2019-12-09
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 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 12/09/2019

 Filing Status:
 Active
 Status:
 Received
 Status Date:
 12/09/2019

#### **Section I - General Information**

#### 1. Respondent

# FRN Entity Name 0002714095 MID-WEST MANAGEMENT

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
730 Rayovac Drive	Madison	WI	53711	+1 (608) 273- 1000	rick. mccoy@mwfbg. net

#### 2. Contact Representative

Name	Organization
David D. Oxenford	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) 783- 4141	doxenford@wbklaw. 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	14	95	\$980.00
		·			Total	\$980.00

## 4. Nature of Respondent

(a) Provide the following information about the Responden	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	10/01/2019
	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
MID-WEST MANAGEMENT	0002714095

Fac. ID No.	Call Sign	City	State	Service
1130	WISM-FM	ALTOONA	WI	FM
7062	WAYY	EAU CLAIRE	WI	АМ
7063	WIAL	ELK MOUND	WI	FM
9865	WEAQ	CHIPPEWA FALLS	WI	AM
9866	WAXX	EAU CLAIRE	WI	FM
19622	WHIT	MADISON	WI	АМ
19623	WWQM-FM	MIDDLETON	WI	FM
41900	WMGN	MADISON	WI	FM
41901	WLMV	MADISON	WI	AM
64011	WECL	ELK MOUND	WI	FM
73142	OITM	WATERTOWN	WI	FM
78226	WJQM	DE FOREST	WI	FM
87154	WOZN	MADISON	WI	АМ
89056	WRIS-FM	MOUNT HOREB	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.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	State of Wisconsin		
Date of execution	05/1968		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation		

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	State of Wisconsin	
Date of execution	05/1968	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Bylaws	

#### 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	0002714095		
Entity Name	MID-WEST MANAGEMENT		
Address	Address PO Box		
	Street 1	730 Rayovac Drive	

#### **Ownership Information**

	Street 2		
	City	Madison	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53711	
	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	Yes

FRN	0019421957			
Name	David Doetsch			
Address	PO Box			
	Street 1	510 Dune Ridge North		
	Street 2			
	City	St. Joseph		
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	49085		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
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	2.0%	Jointly Held? No	
from 0.0 to 100.0)				

	Equity	2.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations		Yes	

Ownership Information			
FRN	0019422062		
Name	Phil Fisher		
Address	PO Box		
	Street 1	4633 Signature Dr.	
	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		
<b>Positional Interests</b> (check all that apply)	Director, Stockholder		
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	25.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	25.0%	
	Total assets (Equity Debt Plus)		
<b>Does interest holder have an attributable interest in one or more broadcast stations</b> Yes that do not appear on this report?			Yes

FRN	0019422211	
Name	HOWARD GLOEDE	
Address	PO Box	
	Street 1	43231 Kings Bluff Dr.
	Street 2	
	City	Winona

	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	55987	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race	Citizenship	US	
Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	3.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	3.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations		Yes	

Ownership Information				
FRN	0019422849			
Name	Richard Record			
Address	PO Box			
	Street 1	3615 Ebner Coulee Road		
	Street 2			
	City	LaCross		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54601		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
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 from 0.0 to 100.0)	Voting	7.0%	Jointly Held? No	

	Equity	7.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations		more broadcast stations	Yes

Ownership Information			
FRN	0019422997		
Name	Richard Trautschold		
Address	PO Box		
	Street 1	3331 North Stone Creek Circle	
	Street 2		
	City	Madison	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53719	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Director, Stockholder		
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	4.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	4.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations Yes			

FRN	0019423078	
Name	Thomas Walker	
Address	PO Box	
	Street 1	1838 Camelot Drive
	Street 2	
	City	Madison

	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53705	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	22.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	22.0%	·
	Total assets (Equity Debt Plus)		
Does interest holder have	an attributable interest in one o	r more broadcast stations	Yes

FRN	0019421783			
Name	Marvin Busta			
Address	PO Box			
	Street 1	1806 Pineview Drive		
	Street 2			
	City	Verona		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	53593		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino	Not Hispanic or Latino	
	Race	White	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	2.0%	Jointly Held? No	

	Equity	2.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations		Yes	

Ownership Information			
FRN	0019422740		
Name	Gayle Olson		
Address	PO Box		
	Street 1	1326 Margaret	
	Street 2		
	City	St. Joseph	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49085	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	3.0%	Jointly Held? No
	Equity	3.0%	
	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?			Yes

FRN	0019422989	
Name	Theresa K. Timm	
Address	PO Box	
	Street 1	N2528 Baker Road
	Street 2	
	City	LaCross

	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	54601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	1.0%	Jointly Held? No
	Equity	1.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	Yes
	nat any interests, including equi his filing are non-attributable.	ty, financial, or voting	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?	No
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.	
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.	

(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 duties wholly unrelated to the Licensee(s)?	No
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.	

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.

Mid-West Management is a single-level licensee.

#### **Section III - Certification**

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>CFO</b> Exact Legal Title or Name of Respondent: <b>Mid-West Management</b> Name: <b>April Schoeneweiss</b> Phone: <b>6084413609</b> 12/09/2019