

(REFERENCE COPY - Not for submission)

FRN

0004342044

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000102805
 Submit Date:
 2020-01-30
 FRN:
 0023524093

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/30/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/30/2020

Section I - General Information

1. Respondent

Entity Name

Graham Media Group, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
161 North Clark Street, Suite 2900	Chicago	IL	60601	+1 (312) 917- 6250	hwhiting@grahammedia. com

2. Contact Representative

Name	Organization
Jennifer Johnson, Esq.	Covington & Burling LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
One CityCenter 850 10th Street, N.W.	Washington	DC	20001	+1 (202) 662-5552	jjohnson@cov.com

3. Application Filing Fee

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	10/01/2019
	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	e Name				FRN		
Graham Media Group, Michigan, Inc.					0002161	0002161123	
Fac. ID No.	Call Sign		City	St	ate	Service	
53114	WDIV-TV		DETROIT	M	I	DTV	
Licensee/Permittee Name					FRN		
Graham Media Gro	up, Florida, Inc.				000216110)7	
Fac. ID No.	Call Sign	City			State	Service	
29712	WCM1	JACK	SONVILLE		FL	DTV	
53116	WJXT	JACK	SONVILLE		FL	DTV	
Licensee/Permittee	e Name				FRN		
Graham Media Gro	up, Houston, Inc.				00086233	324	
Fac. ID No.	Call Sign		City	S	State	Service	
53117	KPRC-TV		HOUSTON	-	тх	DTV	
Licensee/Permittee	e Name				FRN		
Graham Media Gro	up, Orlando, Inc.				00035823	84	
Fac. ID No.	Call Sign		City	;	State	Service	
71293	WKMG-TV		ORLANDO		FL	DTV	
74118	W21DX-D		OCALA		FL	LPT	
Licensee/Permittee	Name				FRN		
Graham Media Gro	up, Virginia, LLC				00256365	98	
Fac. ID No.	Call Sign		City	S	State	Service	
57840	WSLS-TV		ROANOKE	,	VA	DTV	
Licensee/Permittee Name FRN							
Graham Media Gro	up, San Antonio, Inc.				000862	23399	
Fac. ID No.	Call Sign	City	1		State	Service	
	•	-					

Section II – Biennial Ownership Information

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

Documents

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	0004342044			
Entity Name	Graham Media Group, Inc.			
Address	PO Box			
	Street 1	161 North Clark Street, Suite 2900		
	Street 2			
	City	Chicago		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60601		
	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 r	ation 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 Debt0.0%Plus)				
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information				
FRN	0023524093			
Entity Name	Graham Holdings Company			
Address	PO Box			
	Street 1	1300 North 17th Street		
	Street 2	Suite 1700		
	City	Arlington		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	22209		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Owner			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal r	nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	100.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information				
FRN	0025069824			
Name	Julie Dreixler			
Address	PO Box			
	Street 1	161 N. Clark Street		
	Street 2	Suite 2900		
	City	Chicago		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60601		
	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	Gender	Female		

Information (Natural 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	No			

that do not appear on this report?

Ownership Information FRN 0029132768 Name Anthony Plosz Address **PO Box** Street 1 161 N. Clark Street Street 2 Suite 2900 City Chicago State ("NA" if non-U.S. IL address) **Zip/Postal Code** 60601 Country (if non-U.S. **United States** address) Other Interest Holder Listing Type Officer **Positional Interests** (check all that apply) Citizenship, Gender, Citizenship US Ethnicity, and Race Gender Male Information (Natural Persons Only) Ethnicity Not Hispanic or Latino White Race Interest Percentages Voting 0.0% **Jointly Held?** (enter percentage values 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 No

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

| .

FRN	0025069808	0025069808		
Name	Heidi Schmid Whiting	Heidi Schmid Whiting		
Address	PO Box			

	Street 1	161 N. Clark Street		
	Street 2	Suite 2900		
	City	Chicago		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60601		
	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)			
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership	Information
Ownership	mormation

FRN	0023184138		
Name	Catherine Badalamente		
Address	PO Box		
	Street 1	550 West Lafayette Boulevard	
	Street 2		
	City	Detroit	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48226	
	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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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

Ownership Information

FRN	0027286772		
Name	Nicole Maddrey		
Address	PO Box		
	Street 1	1300 North 17th Street	
	Street 2	Suite 1700	
	City	Arlington	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22209	
	Country (if non-U.S. United States address) Image: Country (if non-U.S.)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	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)		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

FRN	0029166352		
Name	Matthew Greisler		
Address	PO Box		
	Street 1	1300 North 17th Street	
	Street 2	Suite 1700	

	City	Arlington	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22209	
	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	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

Ownership Information			
FRN	0019966126		
Name	Wallace Cooney		
Address	PO Box		
	Street 1	1300 North 17th Street	
	Street 2	Suite 1700	
	City Arlington State ("NA" if non-U.S. address) VA		
	Zip/Postal Code	22209	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	0.0%	Jointly Held?

(enter percentage values from 0.0 to 100.0)			No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	an attributable interest in one of eport?	r more broadcast stations	No

Ownership Information 0026563197 FRN Name Katherine Fuller Address **PO Box** Street 1 8181 Southwest Freeway Street 2 City Houston State ("NA" if non-U.S. ТΧ address) **Zip/Postal Code** 77074 Country (if non-U.S. **United States** address) Other Interest Holder Listing Type **Positional Interests** Officer (check all that apply) Citizenship, Gender, US Citizenship Ethnicity, and Race Gender Female Information (Natural Persons Only) Ethnicity Not Hispanic or Latino Race White **Interest Percentages** 0.0% **Jointly Held?** Voting (enter percentage values 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 No

that do not appear on this report?

Ownership Information			
FRN	0020000295		
Name	Emily Barr		
Address	PO Box		
	Street 1	161 N. Clark Street	
	Street 2 Suite 2900		
	City	Chicago	

	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60601	
	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)		
Does interest holder have	an attributable interest in one o	r more broadcast stations	No

that do not appear on this report?

FRN	0029132826			
Name	Kimberly Parker	Kimberly Parker		
Address	PO Box			
	Street 1	161 N. Clark Street		
	Street 2	Suite 2900	Suite 2900	
	City	Chicago		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60601		
	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	Female		
Persons Only)	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)		
Does interest holder have an	attributable interest in one or	more broadcast stations	No

that do not appear on this report?

Ownership Information			
FRN	0029167061		
Name	Cherie Kummer		
Address	PO Box		
	Street 1	1300 North 17th Street, Suite	1700
	Street 2		
	City	Arlington	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22209	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	1	
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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No
(b) Respondent certifies th	at any interests, including equi	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?

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

If "No," submit as an exhibit an explanation.

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) 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?

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.

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: Vice President, General Counsel and Secretary Exact Legal Title or Name of Respondent: Graham Media Group, Inc. Name: Heidi I. Schmid Whiting Phone: 3129176250

Certification

|--|