

## Federal (REFERENCE COPY - Not for submission) Communications Operations

FRN

0006760508

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

 File Number:
 0000101654
 Submit Date:
 2020-01-29
 FRN:
 0008610289

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/29/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/29/2020

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

ION MEDIA OF BUFFALO, 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
601 Clearwater Park Road	West Palm Beach	FL	33401	+1 (561) 682- 4110	BiancaFrye@ionmedia. com

### 2. Contact Representative

Name	Organization
Bianca Frye	ION Media Networks, Inc.

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
601 Clearwater Park Road	West Palm Beach	FL	33401	+1 (561) 682- 4110	BiancaFrye@ionmedia. 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	10/01/2019
	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.

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

Licensee/Permittee Name	FRN			
ION Media Buffalo License, Inc.			0003720216	
Fac. ID No.	Call Sign	City	State	Service
2325	WPXJ-TV	BATAVIA	NY	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.		
2. Ownership Interests			
	Please see the Instructions for c	detailed information and guidance	e concerning this requirement.
	Ownership Information		
	FRN	0006760508	
	Entity Name	ION MEDIA OF BUFFALO, IN	С.
	Address	PO Box	
		Street 1	601 Clearwater Park Road
		Street 2	
		City	West Palm Beach
		State ("NA" if non-U.S.	FL

address)

address)

Respondent

Listing Type

Zip/Postal Code

Country (if non-U.S.

33401

United States

<b>Positional Interests</b> (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 o report?	r more broadcast stations	No

#### **Ownership Information**

FRN	0008610289			
Entity Name	ION Media Television, Inc.			
Address	PO Box			
	Street 1	601 Clearwater Park Road		
	Street 2			
	City	West Palm Beach		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33401		
	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)			
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

### **Ownership Information**

FRN	0019374099		
Name	R. BRANDON BURGESS		
Address	PO Box		
	Street 1	601 Clearwater Park Road	
	Street 2		

	City	West Palm Beach		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33401		
	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 an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	

Ownership Information			
FRN	9990136548		
Name	David Christman		
Address	PO Box		
	Street 1	810 Seventh Avenue	
	Street 2		
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10019	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (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	

### Ownership Information

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?			Yes	

Ownershi	рI	Infor	mation
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FRN	0027800465		
Name	Tim Clyne		
Address	PO Box		
	Street 1	810 Seventh Avenue	
	Street 2		
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10019	
	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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	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

Ownership Information			
FRN	0027799196		
Name	Terri McGalliard		
Address	PO Box		
	Street 1	601 Clearwater Park Road	
	Street 2		

	City	West Palm Beach	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33401	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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	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 Yes that do not appear on this report?			Yes
(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.		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: <b>General Counsel</b> Exact Legal Title or Name of Respondent: <b>ION</b> <b>Media of Buffalo, Inc.</b> Name: <b>David Christman</b> Phone: <b>6463518255</b> 01/29/2020