

(REFERENCE COPY - Not for submission)

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

File Number: 0000170315 | Submit Date: 2021-11-22 | FRN: 0004567327

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/22/2021

Filing Status: Active

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

#### 1. Respondent

FRN	Entity Name
0004567327	Thunderbolt Broadcasting Company

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 318	Martin	TN	38237	+1 (731) 587- 9526	paultinkle@wcmt.

# 2. Contact Representative

Name		Organization		
	Rebecca Jacobs Goldman	Lerman Senter		

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 416- 6761	RGoldman@lermansenter.

# 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	5	95	\$425.00
				Total	\$425.00

# 4. Nature of Respondent

(a) 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	10/01/2021	
	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
Thunderbolt Broadcasting Company	0004567327

Fac. ID No.	Call Sign	City	State	Service
67053	WCMT-FM	MARTIN	TN	FM
67054	WCMT	MARTIN	TN	AM
67055	WCDZ	DRESDEN	TN	FM
68611	WQAK	UNION CITY	TN	FM
68612	KYTN	UNION CITY	TN	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	Charter	
Parties to contract or instrument	Tennessee	
Date of execution	05/1979	

Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Charter

Document Information		
Description of contract or instrument	By-Laws	
Parties to contract or instrument	N/A	
Date of execution	05/1979	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: By-Laws	

Document Information		
Description of contract or instrument	Buy-Sell Agreement	
Parties to contract or instrument	Stockholders	
Date of execution	11/2002	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Buy-Sell Agreement	

Document Information			
Description of contract or instrument	Addendum to Buy-Sell Agreement		
Parties to contract or instrument	Stockholders		
Date of execution	08/2005		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other  Agreement Type: Addendum to Buy-Sell 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) 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	0004567327	0004567327		
Entity Name	Thunderbolt Broadcasting Co	mpany		
Address	РО Вох	PO Box 318		
	Street 1			
	Street 2			
	City Martin  State ("NA" if non-U.S. TN address)  Zip/Postal Code 38237			
	Country (if non-U.S. address)			
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	Voting 0.0% Jointly Held?		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt 0.0% 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	0008109555		
Name	Paul F. Tinkle		
Address	PO Box 183		
	Street 1	Route 3, Haygood Road	
	Street 2		
	<b>City</b> Martin		
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	38237	
	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	Citizenship US		

Information (Natural Persons Only)	Gender	Male		
<b>,</b>	Ethnicity	Not Hispanic or Latino	Not Hispanic or Latino	
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	49.0%	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 o	or more broadcast stations	No	

Ownership Information				
FRN	0019434836	0019434836		
Name	LeEllen F. Smith	LeEllen F. Smith		
Address	PO Box			
	Street 1	2161 West Highway 21		
	Street 2			
	City	Troy		
	State ("NA" if non-U.S. address)	TN		
	Zip/Postal Code	38260		
	Country (if non-U.S. address)	United States		
Listing Type	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	Voting	0.0% Jointly Held?		
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 that do not appear on this report?			

Ownership Information	
FRN	0019434919
Name	Thomas L. Moore

Address PO Box			
	Street 1	334 Lindell Street	
	Street 2		
	City	Dresden	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	38225	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	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	Voting	19.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	19.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	No

Ownership Information			
FRN	0019434869	0019434869	
Name	Jimmy C. Smith		
Address	РО Вох		
	Street 1	2161 West Highway 21	
	Street 2		
	City	Troy	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	38260	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder	Stockholder	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender Male		

Persons Only)	Ethnicity	Not Hispanic or Latino White	
	Race		
Interest Percentages (enter percentage values	Voting	32.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	32.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Ownership Information				
FRN	0019434893			
Name	Carol R. Moore	Carol R. Moore		
Address	PO Box	PO Box 546		
	Street 1			
	Street 2			
	City	Dresden		
	State ("NA" if non-U.S. TN address)			
	Zip/Postal Code	38225		
	Country (if non-U.S. United States address)			
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?		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	an attributable interest in one oreport?	r more broadcast stations	No	

Ownership Information		
FRN	0027289669	
Entity Name	Paul F. Tinkle Revocable Living Trust, Paul F. Tinkle Trustee	
Address	РО Вох	815

	2		
	Street 1		
	Street 2		
	City	Martin	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	38237	
	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	0.0%	Jointly Held?
om 0.0 to 100.0)	Equity	49.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this	an attributable interest in one creport?	r more broadcast stations	No
• •	at any interests, including equinis filing are non-attributable.  an explanation.	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?

If "Yes," 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.

No

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?

Yes

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

Family Relationships			
FRN	0019434919	Name	Thomas L Moore
FRN	0019434893	Name	Carol R Moore
Relationship	Spouses		

Family Relationships			
FRN	0019434869	Name	Jimmy C Smith
FRN	0019434836	Name	LeEllen F Smith
Relationship	Spouses		

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

No

If "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.

# 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.

No parent or subsidiaries.

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

#### Certification

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: Thunderbolt Broadcasting Company Name: Paul Freeman Tinkle Phone: 7315879526  11/22/2021