Response

No



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000171035
 Submit Date:
 2021-11-23
 FRN:
 0003010998

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/23/2021

 Filing Status:
 Active
 Status:
 Status Date:
 11/23/2021

Section I - General Information

1. Respondent

FRN	Entity Name
0003010998	TCB Holdings Inc

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1158	Fostoria	ОН	44830- 1158	+1 (419) 435- 1430	mjbaker@roppe. com

2. Contact Representative

Name	Organization
Daniel Kirkpatrick, Esq.	Baker & Hostetler LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1050 Connecticut Ave., NW Suite 1100	Washington	DC	20036	+1 (202) 861- 1758	dkirkpatrick@bakerlaw. com

3. Application Filing Fee

Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	2	95	\$170.00
		·	·	<u>,</u>	Total	\$170.00

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
TCB Holdings Inc	0003010998

Fac. ID No.	Call Sign	City	State	Service
67699	WFOB	FOSTORIA	ОН	AM
67709	WBVI	FOSTORIA	ОН	FM
202269	W289CP	FOSTORIA	ОН	FX

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	TCB Holdings, Inc. Articles of Incorporation		
Parties to contract or instrument	State of Delaware		
Date of execution	09/1997		
Date of expiration	No expiration date		

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	0003010998	0003010998		
Entity Name	TCB Holdings Inc			
Address	PO Box	O Box 1158		
	Street 1			
	Street 2			
	City	Fostoria		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	44830-1158		
	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)			
Does interest holder have an that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	No	

Ownership Information

FRN	0008951782				
Entity Name	Roppe Holding Company	Roppe Holding Company			
Address	PO Box	1158			
	Street 1				
	Street 2				
	City	Fostoria			
	State ("NA" if non-U.S. address)	ОН			
	Zip/Postal Code	44830-1158			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Stockholder, Other - Corporat	Stockholder, Other - Corporate Parent of Licensee			
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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No		

Ownership Information			
FRN	0019433457		
Name	Donald P. Miller		
Address	PO Box	1158	
	Street 1		
	Street 2		
	City	Fostoria	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44830-1158	
	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 Persons Only)	Gender	Male	

	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 that do not appear on this re	n attributable interest in one or eport?	more broadcast stations	No	

Ownership	h Inforn	nation
Ownersnip	, 11110111	alion

FRN	0019435338		
FRIN	0019435336		
Name	Angela K. Briggs		
Address	PO Box	1158	
	Street 1		
	Street 2		
	City	Fostoria	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44830-1158	
	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	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have ar	attributable interest in one o	r more broadcast stations	No

that do not appear on this report?

wnership Information			
FRN	0019438068		
Name	Mark J. Baker		
Address	PO Box	1158	
	Street 1		

	Street 2			
	City	Fostoria		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code 44830-1158			
	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 an that do not appear on this re	attributable interest in one of port?	r more broadcast stations	No	

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

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 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	0019433457	Name	Donald P Miller
FRN	0019435338	Name	Angela K Briggs
Relationship	Parent/Child		

(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.

File Name	Uploaded By	Attachment Type	Description
TCB Holdings, Inc Corporate Ownership Chart - 2021.pdf	Applicant	Ownership Chart	Ownership Chart

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	Official Title: Treasurer

belief, all statements in this report are true, correct and complete.	Exact Legal Title or Name of Respondent: TCB Holdings Inc. Name: Mark J. Baker Phone: 4194351430
	11/23/2021