

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000239706** Submit Date: **2024-02-23** FRN: **0003730595**

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/23/2024

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0003730595	Broadcasting Corporation of the Southwest

Stre	eet Iress	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
	02 S. ownlee d.	Corpus Christi	TX	78404	+1 (361) 882- 7711	graciedinsdale@yahoo. com

2. Contact Representative

Name	Organization
Gracie Dinsdale	Broadcasting Corporation of the Southwest

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1602 S. Brownlee Blvd.	Corpus Christi	TX	78404	+1 (361) 882- 7711	graciedinsdale@yahoo. 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	1	95	\$95.00
				Total	\$95.00

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	10/01/2023			
	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
Broadcasting Corporation of the Southwest	0003730595

Fac. ID No.	Call Sign	City	State	Service
7093	KCTA	CORPUS CHRISTI	TX	AM

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	Officers/Shareholders/Texas	
Date of execution	07/1959	
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	Corporate Bylaws
Parties to contract or instrument	Officers/Shareholders
Date of execution	07/1959
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate 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	0003730595	0003730595		
Entity Name	Broadcasting Corporation of	Broadcasting Corporation of the Southwest		
Address	РО Вох			
	Street 1	1602 S. Brownlee Blvd.		
	Street 2			
	City	Corpus Christi		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	78404		
	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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No	
	Equity	0.0%		
,	Equity	0.0%		

Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one of that do not appear on this report?	No	

Ownership Information				
FRN	9990124249	9990124249		
Name	Ashlyn Porter			
Address	PO Box			
	Street 1	401 Claremore		
	Street 2			
	City	Corpus Christi		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	78412		
	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	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	22.6%	Jointly Held? No	
from 0.0 to 100.0)	Equity	22.6%		
	Total assets (Equity Debt Plus)	22.6%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information		
FRN	9990124250	
Name	Gracie Dinsdale	
Address	PO Box	
	Street 1	2805 Tumbleweed
	Street 2 City Corpus Christi State ("NA" if non-U.S. TX address)	

	Zip/Postal Code	78410	
	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 Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	16.9%	Jointly Held? No
from 0.0 to 100.0)	Equity	16.9%	
	Total assets (Equity Debt Plus)	16.9%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	r more broadcast stations	No

Ownership Information			
FRN	9990124346		
Name	Julie Ann York Martin		
Address	PO Box		
	Street 1	5580 S. Franklin St.	
	Street 2		
	City	Greenwood Village	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	80121	
	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	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	14.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	14.0%	

Total assets (Equity Deb Plus)	t 14.0%	
Does interest holder have an attributable interest in on that do not appear on this report?	No	

Ownership Information				
FRN	9990051436	9990051436		
Name	Joshua Williams			
Address	PO Box			
	Street 1	2119 Baybreeze		
	Street 2			
	City	Portland		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	78374		
	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		
	Race	White		
Interest Percentages (enter percentage values	Voting	5.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	5.0%		
	Total assets (Equity Debt Plus)	5.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	9990124348	9990124348	
Name	Mitzi Aaron Beal	Mitzi Aaron Beal	
Address	PO Box		
	Street 1 2673 Cedar Bayou Lyncheberg Street 2 City Baytown State ("NA" if non-U.S. TX address)		

	Zip/Postal Code	77521	
	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 Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	6.9%	Jointly Held? No
from 0.0 to 100.0)	Equity	6.9%	·
	Total assets (Equity Debt Plus)	6.9%	
Does interest holder have that do not appear on this	an attributable interest in one or	or more broadcast stations	No

Ownership Information			
FRN	9990124347		
Name	Tammi Renee York		
Address	PO Box		
	Street 1	10447 Stonewillow	
	Street 2		
	City	Parker	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	80134 United States	
	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	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	22.1%	Jointly Held? No
from 0.0 to 100.0)	Equity	22.1%	

	Total assets (Equity Debt Plus)	22.1%	
Does interest holder have that do not appear on the	ve an attributable interest in one o	r more broadcast stations	No
(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.		Yes	

(c) 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 " $\underline{\text{Yes}}$," provide the following information for each such the relationship.

Family Relationships				
FRN	9990124249	Name	Ashlyn Porter	
FRN	9990124250	Name	Gracie Dinsdale	
Relationship	Siblings			

Family Relationships					
FRN	9990124346	Name	Julie Ann York Martin		
FRN	9990124347	Name	Tammi Renee York		
Relationship	Siblings				

(d) 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.

Licensee does not have a parent entity.

Section III - Certification

Certification

Section	Question	Response
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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: Broadcasting Corporation of the Southwest Name: Gracie Dinsdale Phone: 3618827711