

FRN

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

File Number: 0000174790 Submit Date: 2021-11-30 FRN: 0026629600 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/30/2021 Filing Status: Active

# **Section I - General Information**

# 1. Respondent

FRN	Entity Name
0005851688	Broadcast Communications, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non- U.S. address)	Zip Code	Phone	Email
PO Box 990	Greensburg	PA	15601	+1 (724) 853-7000	BroadcastCommunications@comcast. net

## 2. Contact Representative

Name		Orga	Organization			
Aaron P. Shainis		Shai	Shainis & Peltzman, Chartered			
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email	
1850 M Street Suite 240	Washington	DC	20036	+1 (202) 293-0567	aaron@s-plaw.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			

(h	) Provide the following	n information	about this	renort.
		j milormation	about this	i cport.

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.

Licensee/Permittee Name			FRN	FRN	
Broadcast Communications III, Inc.			002662960	0026629600	
Fac. ID No.	Call Sign	City	State	Service	
36115	WXVE	LATROBE	PA	AM	
36116	WKHB-FM	SCOTTDALE	PA	FM	
201280	W250CP	LATROBE	PA	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.

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.

FRN	0005851688			
Entity Name	Broadcast Communications, Inc.			
Address	<b>PO Box</b> 990			
	Street 1			
	Street 2			
	City	Greensburg		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	15601		

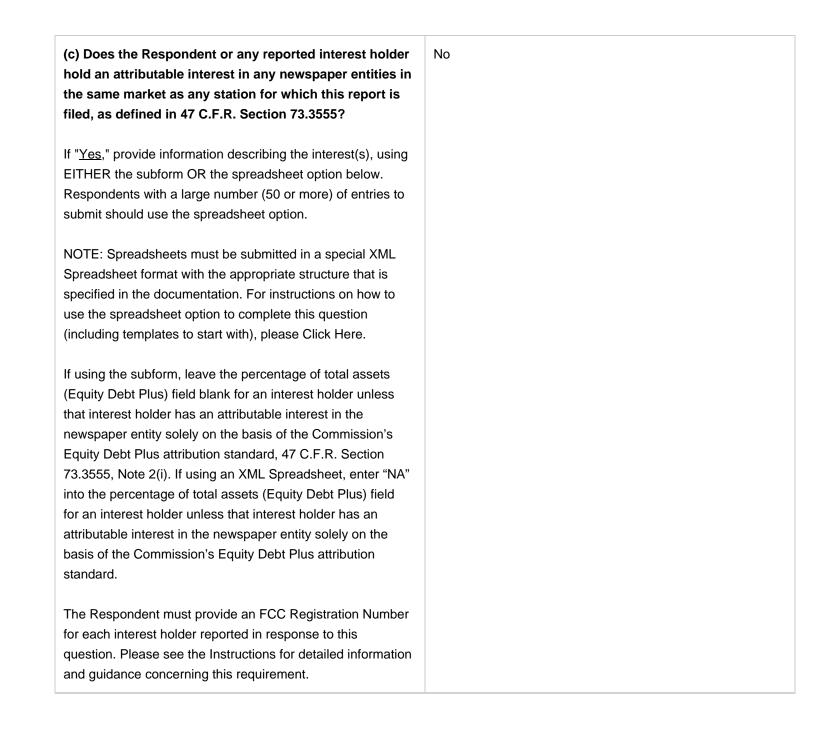
#### **Ownership Information**

	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)	0.0%		
Does interest holder have ar	attributable interest in one or	r more broadcast stations	Yes	

that do not appear on this report?

Ownership Information				
FRN	0019963594	0019963594		
Name	ROBERT M. STEVENS	ROBERT M. STEVENS		
Address	PO Box	<b>PO Box</b> 990		
	Street 1			
	Street 2			
	CityGREENSBURGState ("NA" if non-U.S. address)PA			
	Zip/Postal Code	Zip/Postal Code 15601		
	Country (if non-U.S. United States   address) United States			
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Director, Stockholder	Officer, Director, Stockholder		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	100.0%	· ·	
	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

FRN	9990147754	9990147754		
Name	ASHLEY R. STEVENS			
Address	PO Box	<b>PO Box</b> 990		
	Street 1			
	Street 2			
	City	GREENSBURG		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	15601		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director, 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	100.0%	<b>Jointly Held?</b> Yes	
from 0.0 to 100.0)	Equity	100.0%		
	Total assets (Equity Debt100.0%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 Yes interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.			Yes	



(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	0019963594	Name	ROBERT M STEVENS	
FRN	9990147754	Name	ASHLEY R STEVENS	
Relationship	Spouses			

#### Family Relationships

(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.

No

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>President</b> Exact Legal Title or Name of Respondent: <b>Broadcast Communications, Inc.</b> Name: <b>Robert M Stevens</b> Phone: <b>7248537000</b> 11/30/2021