

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000042383 | Submit Date: 2018-02-16 | FRN: 0004986071

Purpose: Commercial Broadcast Stations Biennial Ownership Report | Status: Submitted | Status Date: 02/16/2018 |

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0004986071	Sinclair Telecable, Inc. d/b/a Sinclair Communications

Street	City (and Country if non U.S.	•	Zip		
Address	address)	address)	Code	Phone	Email
500	Norfolk	VA	23510	+1 (757) 640-	psinclair@indy.rr.
Dominion				8500	com
Tower					
999					
Waterside	WILLIAM STATE OF THE STATE OF T				Table Control of the
Drive					
***************************************				<u> </u>	J

2. Contact Representative

Name	Organization
Mark Lipp	Fletcher Heald & Hidreth PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th	Arlington	VA	22209	+1 (703) 812-0445	lipp@fhhlaw.com
Street					
11th Floor			-	ar opposite and the second	

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 inform	ation about this report:
----------------------------------	--------------------------

Purpose		Biennial
"As of" date	'As of' date 10/01/2017	
		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
Sinclair Telecable, Inc. d/b/a Sinclair Communications	0004986071
	-

Fac. ID No.	Call Sign	City	State	Service
4671	WNIS	NORFOLK	VA	AM
73184	WNOB	CHESAPEAKE	VA	FM

Section II - Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 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 required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is an attributable Local Marketing Agreement (LMA), an attributable Joint Sales Agreement (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.

Ownership Information

FRN	0004986071	0004986071 Sinclair Telecable, Inc. d/b/a Sinclair Communications		
Entity Name	Sinclair Telecable, Inc. d/b/a			
Address	PO Box			
	Street 1	500 Dominion Tower		
	Street 2	999 Waterside Drive		
	City	Norfolk		
	State ("NA" if non-U.S. address)	VA		
		THE PRINTS of a final state of the state of		

	Zip/Postal Code	23510		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	aa Saa taan , a oo o o casaanaan ahaa oo oo o o ah ah ahaan ah		
Positional Interests (check all that apply)	Respondent	Makadada II		
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	r more broadcast stations	Yes	

Ownership Information				
FRN	0019394584			
Name	Ann Adams			
Address	РО Вох			
	Street 1	86 Yocum Road		
	Street 2			
	City	Rogers		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	72756		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (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	0.5% Jointly Held?		
from 0.0 to 100.0)	Equity	3.0%		
	Total assets (Equity Debt Plus)	3.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes	

Ownership Information FRN	0040304600	THE AMERICA PROPERTY OF A STATE OF STATE OF STATE OF THE AMERICAN PROPERTY OF A STATE OF THE STA	er der sentremerer re
rkn	0019394600		
Name	J. David Sinclair		
Address	PO Box		
,	Street 1	4603 Parkstone Lane	
	Street 2		
	City	Avon	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46123	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, 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	45.2%	Jointly Held? No
from 0.0 to 100.0)	Equity	10.0%	
	Total assets (Equity Debt Plus)	10.0%	
Does interest holder have	an attributable interest in one c	r more broadcast stations	Yes

Ownership Information

FRN	0019394816	0019394816		
Name	Pamela Sinclair	Pamela Sinclair		
Address	PO Box	PO Box		
	Street 1	4603 Parkstone Lane		
	Street 2			
	City	Avon		
	State ("NA" If non-U.S. address)	IN		
	Zip/Postal Code	46123		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		

Positional Interests (check all that apply)	Officer, Director, 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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	3.0%	
	Total assets (Equity Debt Plus)	3.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	Yes

FRN	0019394527		
Name	Robert Sinclair		
Address	PO Box		
	Street 1	5233 Rockport La	nding
	Street 2		
	City	Suffolk	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	23435	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, 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 from 0.0 to 100.0)	Voting	39.0%	Jointly Held? No
	Equity	7.0%	
	Total assets (Equity Debt	7.0%	

(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.

(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	0019394600	Name	J. David Sinclair
FRN	0019394816	Name	Pamela Sinclair
Relationship	Spouses	in a ray	

Family Relationships

FRN	0019394584	Name	Ann Adams
FRN	0019394600	Name	J. David Sinclair
Relationship	Siblings		

Family Relationships

FRN	0019394527	Name	Robert Sinclair
FRN	0019394584	Name	Ann Adams
Relationship	Siblings		

Family Relationships

FRN	0019394600	Name	J. David Sinclair
FRN	0019394527	Name	Robert Sinclair
Relationship	Siblings		

(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.

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: Sinclair Telecable Inc. Name: David Sinclair Phone: 3177450851 02/16/2018