# Agency Tracking ID:PGC3058069 Authorization Number:02109D Successful Authorization -- Date Paid: 2/16/18 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1			APPROVED BY OMB 3060-059 ECIAL USE C USE ONLY
•	SECTION A - I	Payer Information		
Commonwealth Radio, Ll	edit card, enter name exactly as it appears of ${f LC}$	n your card)	(3) TOTA <b>\$140.0</b> (	L AMOUNT PAID (dollars and cents)
(4) STREET ADDRESS LINE NO. 1300 N. 17th Street				
(5) STREET ADDRESS LINE NO. 11th Floor	2			
(6) CITY <b>Arlington</b>		VA		(8) ZIP CODE <b>22209</b>
703-8120445	IBER (INCLUDING AREA CODE)	(10) COUNTR' <b>US</b>	,	•
	SISTRATION NUMBER (FRN) AND TA		MBER (TIN)	REQUIRED
(11) PAYER (FRN) <b>0004986139</b>		(12) FCC USE ONLY		
IF	ER NAME AND THE APPLICANT NA MORE THAN ONE APPLICANT, USE			
(13) APPLICANT NAME Commonwealth Radio, Ll				
(14) STREET ADDRESS LINE NO 1 <b>300 N. 17th Street</b>		•		
(15) STREET ADDRESS LINE NO <b>11th Floor</b>	0.2			
(16) CITY <b>Arlington</b>		(17) : <b>VA</b>	STATE	(18) ZIP CODE <b>22209</b>
(19) daytime telephone nui 7 <mark>03 - 8120445</mark>	MBER (INCLUDING AREA CODE)	(20) COUNTRY US	CODE (IF NO	OT IN U.S.A.)
FCC REG	ISTRATION NUMBER (FRN) AND TA	X IDENTIFICATION NU	MBER (TIN)	REQUIRED
(21) APPLICANT (FRN) <b>0004986139</b>		(22) FCC USE ONLY		
COMPLETE SEC	TION C FOR EACH SERVICE, IF MO	RE BOXES ARE NEEDEI	D, USE CONT	INUATION SHEET
(23A) FCC Call Sign/Other ID (24a)		(24A) Payment Type Code MA	rment Type Code(PTC) (25A) Quanti MAR	
(26A) Fee Due for (PTC)	\$70.00	(27A) Total Fee \$70	.00	FCC Use Only
(28A) FCC CODE 1 <b>711</b>	<b>292</b> (29A)	FCC CODE 2	MS000004	2393
(23B) FCC Call Sign/Other ID	No.	(24B) Payment Type Code MA		(25B) Quantity 1
(26B) Fee Due for (PTC)		(27B) Total Fee		FCC Use Only

\$70.0	0	\$70.00	
(28B) FCC CODE 1	(29B) I	FCC CODE 2	
711292		LMS00	00042393



(REFERENCE COPY - Not for submission)

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

File Number: 0000042393 | Submit Date: 2018-02-16 | FRN: 0004986139

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	
0004986139	Commonwealth Radio, LLC	-

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
500 Dominion Tower 999 Waterside Drive	Norfolk	VA	23510	+1 (703) 812- 0445	lombardi@wshu.

# 2. Contact Representative

Name	Organization
Mark Lipp	Fletcher Heald & Hildreth 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					
!					

# 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	2	70	\$140.00
ANALONI AND AN	an unnumer dur da a la carre une ese con continuum unum ese correction de la carre une ese continuum unum ese continuum ese continuum unum ese continuum ese continu		and an extension of the second se	To	al \$140.00

# 4. Nature of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits	Licensee			
Nature of Respondent Limited liability company				
(b) Provide the following information about this report:				
Purpose Biennial				

# "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	
Commonwealth Radio, LLC	0004986139	

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.

### **Document Information**

Description of contract or instrument	Articles of Organization
Parties to contract or instrument	Commonwealth of Virginia
Date of execution	09/1996
Date of expiration	No expiration date

Agreement type (check all that apply)	Other Agreement Type: Formation document
Document Information	
Description of contract or instrument	Operating Agreement
Parties to contract or instrument	Members of the LLC
Date of execution	09/1996
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Formation document

# 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	0004986139	
Entity Name	Commonwealth Radio, LLC	
Address	РО Вох	
	Street 1	500 Dominion Tower
	Street 2	999 Waterside Drive
	City Norfolk  State ("NA" if non-U.S. VA address)	
	Zip/Postal Code	23510
	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 an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information					
FRN	0004986071				
Entity Name	Sinclair Telecable, Inc. d/b/a	Sinclair Communications			
Address	РО Вох		HIGHERICA III A I LA SASHILAAANINAHINNAYIII FIRMIII. ROOMAAAAA I IIII FIIAA AAAAAAA AAAAAAAA AAAAAAAA		
	Street 1	500 Dominion Tower			
	Street 2	999 Waterside Drive			
	City	Norfolk			
	State ("NA" if non-U.S. address)				
	Zip/Postal Code 23510				
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	LC/LLC/PLLC Member				
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity				
Interest Percentages (enter percentage values	Voting	26.6%	Jointly Held? No		
from 0.0 to 100.0)	Equity	26.6%			
	Total assets (Equity Debt Plus) 26.6%		The state of the s		
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	Yes		

Ownership Information	tion		
FRN	0019394584	0019394584	
Name	Ann Adams	Ann Adams	
Address	РО Вох		
	Street 1 86 Yocum Road		
	Street 2		
	City	Rogers	
THE PART OF THE PA	State ("NA" if non-U.S. address)	AR	
	**************************************		

W MANAGEMENT AND THE PROPERTY OF THE PROPERTY

	Zip/Postal Code	72756	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	LC/LLC/PLLC Member	LC/LLC/PLLC Member	
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	24.5%	Jointly Held? No
from 0.0 to 100.0)	Equity	24.5%	
	Total assets (Equity Debt Plus)	24.5%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes

Ownership Information			
FRN	0019394600		
Name	J. David Sinclair		
Address	PO Box		от под при
	Street 1	4603 Parkstone Lane	
	Street 2		
	City	Avon	
	State ("NA" if non-U.S. address)	IN IN	
	Zip/Postal Code	46123	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Managing Member		
Citizenship, Gender,	Citizenship	us	The state of the s
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
interest Percentages (enter percentage values	Voting	24.5%	Jointly Held? No
from 0.0 to 100.0)	Equity	24.5%	17771 M. S. 47 M. I I I I

	Total assets (Equity Debt Plus)	24.5%	
Does interest holder have an that do not appear on this re	n attributable interest in one or port?	more broadcast stations	Yes

FRN	0019394568		A A River & Martine & Branch & Branch A Annual Part of the State of th
Name	Lisa Sinclair		
Address	PO Box		
	Street 1	500 Dominion Tower	
	Street 2	999 Waterside Drive	
	City	Norfolk	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	23510	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member	an ann an Aire Ann an Aire ann an Aire an Aire ann	
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	12.2%	Jointly Held? No
from 0.0 to 100.0)	Equity	12.2%	
	Total assets (Equity Debt Plus)	12.2%	

Ownership Informat	lon	
FRN	0019394527	
Name	Robert Sinclair	
Address	РО Вох	
	Street 1	5233 Rockport Landing
	Street 2	
	City Suffolk	
	State ("NA" if non-U.S. address)	VA

	Zip/Postal Code	23435	
	Country (if non-U.S. address)	United States	A STATE A STATE OF THE ACTION AND ACTION AS A STATE OF THE ACTION AS A
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Managing Member		
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	12.2%	Jointly Held? No
from 0.0 to 100.0)	Equity	12.2%	
	Total assets (Equity Debt Plus)	12.2%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	Yes

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

(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	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		

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

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 Licensees. 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.

There is one parent entity--Sinclair Telecable, Inc.

### 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 48, 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: Member Exact Legal Title or Name of Respondent: Commonwealth Radio LLC Name: David Sinciair Phone: 3177450851

No