

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1.	Legal Name of the Respondent CHOICE OLEAN TELEVISION STATION, INC.		
	Street Address (1) 217 NORTH UNION ST.		
	Street Address (2)		
	City OLEAN	State or Country (if foreign address) NY	ZIP Code 14760 -
	Telephone Number (include area code) 7163735838	E-Mail Address (if available) CHOICE.TV@HOTMAIL.COM	
	FCC Registration Number: 0003401841	Call Sign WONS-LP	Facility ID Number 10869
2.	Contact Representative CHARLES BORDONARO		
	Firm or Company Name CHOICE OLEAN TELEVISION STATION, INC.		
	Street Address (1) 217 NORTH UNION ST.		
	Street Address (2)		
	City OLEAN	State or Country (if foreign address) NY	ZIP Code 14760 -
	Telephone Number (include area code) 7163735838	E-Mail Address (if available) CHOICE.TV@HOTMAIL.COM	
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 10/01/2011 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input checked="" type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.		
	e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)		

f. <input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -
If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	[Exhibit 1]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
CHOICE OLEAN TELEVISION STATION, INC.	0003401841

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WONS-LP	10869	OLEAN, NEW YORK	Class A TV

8. Respondent is:

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Not-for-profit corporation	<input type="radio"/> Limited partnership
<input checked="" type="radio"/> For-profit corporation	<input type="radio"/> General partnership	<input type="radio"/> Other

If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

Contract Information					
Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	ARTICLES OF INCORPORATION	STATE OF NEW YORK	Month DECEMBER Year 1986	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises *de facto* control over the subject Licensee shall respond.)

Not Applicable

Capitalization Information					

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input checked="" type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non- Voting	100	100	0	0

3. (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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy 1.	Name	CHOICE OLEAN TELEVISION STATION, INC.
	Address	Street 217 N. UNION City/State OLEAN, NEW YORK Postal/ZIP Code 14760 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0003401841
	Gender, Ethnicity,	<input checked="" type="checkbox"/> N/A (entity)

Race and Citizenship Information (Natural Persons)	<u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
	<u>Citizenship</u> US
Percentage of votes	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 2.	<u>Name</u> CHARLES BORDONARO
	<u>Address</u> Street 217 N. UNION City/State OLEAN, NEW YORK Postal/ZIP Code 14760 - Country (if not U.S.)
	<u>Listing Type</u> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	<u>Relationship to Licensee</u> <input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	<u>Positional Interest (Check all that apply)</u> <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	<u>FCC Registration Number</u> 9990058951
	<u>Gender, Ethnicity, Race and Citizenship</u> <input type="checkbox"/> N/A (entity) <u>Gender</u>

	<p>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.</p> <p>[Enter Attribution Exemption Information]</p>	
4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</p> <p>[Enter Respondent Interests Held Information]</p>	<p><input checked="" type="checkbox"/> N/A</p>
5.	<p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<p><input type="checkbox"/> N/A [Exhibit 5]</p>

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of CHOICE OLEAN TELEVISION STATION, INC.

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature CHARLES BORDONARO	Date 10/20/2011
Telephone Number of Respondent (Include area code) 7163735838	

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 LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 5

Description: ORGANIZATIONAL CHART

SINCE RESPONDENT IS A CORPORATION WHOLLY OWNED BY A SINGLE INDIVIDUAL, NO ORGANIZATIONAL CHART IS REQUIRED TO UNDERSTAND RESPONDENT'S ORGANIZATIONAL STRUCTURE.