

## **Federal Communications Commission**

**FCC MB - CDBS Electronic Filing**

**Account number: 977479**

**Description: WNTA ET AL POST CONSUMMATION OWNERSHIP REPORT**

**Application Reference Number: 20140626AAB**

**Successfully filed at Jun 26 2014 7:45AM**

**Based on the information supplied, no fee is required.**

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (March 2013)	FOR FCC USE ONLY
<b>FCC 323                  OWNERSHIP REPORT FOR COMMERCIAL                  BROADCAST STATIONS</b>		FOR COMMISSION USE ONLY  FILE NO. -20140626AAB

**Section I - General Information**

1.	Legal Name of the Respondent MID-WAY RADIO, INC.		
	Street Address (1) P.O. BOX 44408		
	Street Address (2)		
	City MADISON	State or Country (if foreign address) WI	ZIP Code 53744 - 4408
	Telephone Number (include area code) 6082731000	E-Mail Address (if available)	
	FCC Registration Number: 0022643456	Call Sign WNTA	Facility ID Number 671
2.	Contact Representative DAVID D. OXFENFORD	Firm or Company Name WILKINSON BARKER KNAUER, LLP	
	Street Address (1) 2300 N STREET, NW		
	Street Address (2) SUITE 700		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 -
	Telephone Number (include area code) 2027834141	E-Mail Address (if available) DOXFENFORD@WBKLAW.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 checked="" type="radio"/> Other POST CONSUMMATION <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 6/9/2014 <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 type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input checked="" 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)
MID-WAY RADIO, INC.	0022643456

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WNTA	671	ROCKFORD , ILLINOIS	AM Station
2.	WXRX	672	BELVIDERE , ILLINOIS	FM Station
3.	WRTB	59620	WINNEBAGO , ILLINOIS	FM Station
4.	WGFB	73975	ROCKTON , ILLINOIS	FM Station

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-A - Non-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, Permittees, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee or Permittee 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 ILLINOIS	Month APRIL Year 2013	Month  Year 2013 <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.	BYLAWS	MID-WAY RADIO, INC.	Month APRIL Year 2013	Month  Year 2013 <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 , Permittees, or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)  
 Not Applicable  
**[Enter Capitalization Information]**

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 or Permittee 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 or Permittee for which the report is being submitted.

**Ownership Interests Information**

Copy 1.	Name	MID-WAY RADIO, INC.	
	Address	Street PO BOX 44408  City/State MADISON , WISCONSIN Postal/ZIP Code 53744 - 4408 Country (if not U.S.)	
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder	
	Relationship to Licensee/Permittee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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	0022643456	
	Percentage of votes	0 %	
	Percentage of total assets	0 %	

		(equity debt plus)	
Copy 2.	Name	MID-WEST MANAGEMENT, INC.	
	Address	Street P.O. BOX 44408  City/State MADISON , WISCONSIN Postal/ZIP Code 53744 - 4408 Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="radio"/> Person with attributable interest <input checked="" 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 type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): SOLE STOCKHOLDER	
	FCC Registration Number	0002714095	
	Percentage of votes	100 %	
Percentage of total assets (equity debt plus)	100 %		

(b.)	Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.  If "No," submit as an Exhibit an explanation.	<input checked="" type="radio"/> Yes <input type="radio"/> No [ Exhibit 3 ]
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(c.)	Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, 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 for the applicable type of interest (broadcast or newspaper). 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 <a href="#">Click Here</a> .	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Broadcast Interest Information**

Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	MID-WEST MANAGEMENT, INC.	WHIT	City MADISON State WISCONSIN	19622	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
2.	MID-WEST MANAGEMENT, INC.	WJJO	City WATERTOWN State WISCONSIN	73142	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
3.	MID-WEST MANAGEMENT, INC.	WWQM-FM	City MIDDLETON State WISCONSIN	19623	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
4.	MID-WEST MANAGEMENT, INC.	WMGN	City MADISON State WISCONSIN	41900	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
5.	MID-WEST MANAGEMENT, INC.	WLMV	City MADISON State WISCONSIN	41901	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited

							Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
6.	MID-WEST MANAGEMENT, INC.	WOZN	City MADISON State WISCONSIN	87154	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
7.	MID-WEST MANAGEMENT, INC.	WOZN-FM	City MOUNT HOREV State WISCONSIN	89056	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
8.	MID-WEST MANAGEMENT, INC.	WJQM	City DE FOREST State WISCONSIN	78226	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
9.	MID-WEST MANAGEMENT, INC.	WEAQ	City CHIPPEWA FALLS State WISCONSIN	9865	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
10.	MID-WEST	WAYY	City	7062	100 %	100 %	<input type="checkbox"/> Officer

	MANAGEMENT, INC.		EAU CLAIRE State WISCONSIN				<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
11.	MID-WEST MANAGEMENT, INC.	WAXX	City EAU CLAIRE State WISCONSIN	9866	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
12.	MID-WEST MANAGEMENT, INC.	WDRK	City CORNELL State WISCONSIN	82292	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
13.	MID-WEST MANAGEMENT, INC.	WIAL	City EAU CLAIRE State WISCONSIN	7063	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
14.	MID-WEST MANAGEMENT, INC.	WECL	City ELK MOUND State WISCONSIN	64011	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity



Other (please specify):

**[Newspaper Interests Subform]**

(d.)	Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? If "Yes", complete the information describing the relationship.  <b>[Enter Familial Relationships Information]</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
(e.)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee or Permittee ? 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.  <b>[Enter Attribution Exemption Information]</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

**SECTION III - CERTIFICATION**

I certify that I am **PRESIDENT**

(Official Title)

of **MID-WAY RADIO, 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 <b>THOMAS A. WALKER</b>	Date
Telephone Number of Respondent (Include area code) <b>6082731000</b>	

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**