

WFXA

LICENSE RENEWAL AUTHORIZATION

THIS IS TO NOTIFY YOU THAT YOUR APPLICATION FOR RENEWAL OF LICENSE, BRH-20111130HWS, WAS GRANTED ON 04/27/2012 FOR A TERM EXPIRING ON 04/01/2020.

THIS IS YOUR LICENSE RENEWAL AUTHORIZATION FOR STATION WFXA-FM.

FACILITY ID: 15848

LOCATION: AUGUSTA, GA

THIS CARD MUST BE POSTED WITH THE STATION'S LICENSE CERTIFICATE AND ANY SUBSEQUENT MODIFICATIONS.

PERRY BROADCASTING OF AUGUSTA, INC.
1528 NE 23RD STREET
OKLAHOMA CITY, OK 73111



United States of America
FEDERAL COMMUNICATIONS COMMISSION
FM BROADCAST STATION LICENSE

Authorizing Official:

Official Mailing Address:

PERRY BROADCASTING OF AUGUSTA, INC.
1528 NE 23RD STREET
OKLAHOMA CITY OK 73111

Brian J. Butler
Supervisory Engineer
Audio Division
Media Bureau

Grant Date: January 05, 2000

This license expires 3:00 a.m.
local time, April 01, 2004.

Facility Id: 15848

Call Sign: WFXA-FM

License File Number: BLH-19990326KB

This License Covers Permit No.: BPH-19970626IE

Subject to the provisions of the Communications Act of 1934, subsequent acts and treaties, and all regulations heretofore or hereafter made by this Commission, and further subject to the conditions set forth in this license, the licensee is hereby authorized to use and operate the radio transmitting apparatus herein described.

This license is issued on the licensee's representation that the statements contained in licensee's application are true and that the undertakings therein contained so far as they are consistent herewith, will be carried out in good faith. The licensee shall, during the term of this license, render such broadcasting service as will serve the public interest, convenience, or necessity to the full extent of the privileges herein conferred.

This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequency designated in the license beyond the term hereof, nor in any other manner than authorized herein. Neither the license nor the right granted hereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934. This license is subject to the right of use or control by the Government of the United States conferred by Section 606 of the Communications Act of 1934.

Callsign: WFXA-FM

License No.: BLH-19990326KB

Name of Licensee: PERRY BROADCASTING OF AUGUSTA, INC.

Station Location: GA-AUGUSTA

Frequency (MHz): 103.1

Channel: 276

Class: A

Hours of Operation: Unlimited

Transmitter: Type Accepted. See Sections 73.1660, 73.1665 and 73.1670 of the Commission's Rules.

Transmitter output power: 7.8 kW

Antenna type: Non-Directional

Description: COL 37CP-2, TWO SECTIONS

Antenna Coordinates: North Latitude: 33 deg 30 min 00 sec
West Longitude: 81 deg 56 min 03 sec

	Horizontally Polarized Antenna	Vertically Polarized Antenna
Effective radiated power in the Horizontal Plane (kW):	6.0	6.0
Height of radiation center above ground (Meters):	79	79
Height of radiation center above mean sea level (Meters):	177	177
Height of radiation center above average terrain (Meters):	92	92

Antenna structure registration number: 1019567

Overall height of antenna structure above ground (including obstruction lighting if any) see the registration for this antenna structure.

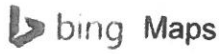
Special operating conditions or restrictions:

- 1 The permittee/licensee in coordination with other users of the site must reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic fields in excess of FCC guidelines.

*** END OF AUTHORIZATION ***

MEMO

There are no Citizen Agreements



60 dBu Service Contour for WFXA-FM, 103.1 MHz, Augusta, GA

- 1. **WFXA-FM, Augusta, GA**
103.1 MHz -- FCC File No. BLH-19990326KB
- 2. **60 dBu Service contour**
Length: 114 miles



St Clair

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FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

**FOR COMMISSION USE ONLY
FILE NO. -20151116ABF**

Section I - General Information

1.	Legal Name of the Respondent PERRY BROADCASTING OF AUGUSTA, INC. Street Address (1) 1528 NE 23RD STREET Street Address (2)		
	City OKLAHOMA CITY	State or Country (if Foreign address) OK	ZIP Code 73111
	Telephone Number (include area code) (405) 424-4695	E-Mail Address (if available)	
	FCC Registration Number 0016783292	Call Sign WTHB-FM	Facility ID Number 15849
2.	Contact Representative H. EDWARD DEBEE Street Address (1) 1200 NW 63RD ST., STE. 5000 Street Address (2)	Firm or Company Name DEBEE GILCHRIST	
	City OKLAHOMA CITY	State or Country (if Foreign address) OK	ZIP Code 73116
	Telephone Number (include area code) (405) 232-7777	E-Mail Address (if available) EDEBEE@DEBEEGILCHRIST.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 <input checked="" type="radio"/> N/A (Fee Required)		
5.	All the information furnished in this Report is accurate as of 10/01/2015. <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 [Exhibit 1] previous Report that are being revised.		

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

Licensee Name:

PERRY BROADCASTING OF AUGUSTA, INC.

Licensee's FCC Registration Number (FRN)

0016783292

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
1.	WTHB-FM	15849	WRENS, GEORGIA	FM Station
2.	WTHB	15843	AUGUSTA, GEORGIA	AM Station
3.	WFXA-FM	15848	AUGUSTA, GEORGIA	FM Station
4.	WAKB	31942	HEPHZIBAH, GEORGIA	FM Station
5.	WAEG	31941	EVANS, GEORGIA	FM Station

8. Respondent is:

Sole Proprietorship

For-profit corporation

Not-for-profit corporation

General partnership

Limited partnership

Other

[Exhibit 2]

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

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 joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/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)
			Month	Year	Month	Year	
1.	CERTIFICATE OF INCORPORATION	STATE OF OKLAHOMA	JULY	2007			<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	BY-LAWS	PERRY BROADCASTING OF AUGUSTA, INC.	JULY	2007			<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
3.	SHAREHOLDER'S AGREEMENT	RUSSELL PERRY AND SHEILA ELDRIDGE	DECEMBER	2007			<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
4.	SUBSCRIPTION AGREEMENT	RUSSELL PERRY AND SHEILA ELDRIDGE	DECEMBER	2007			<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
5.	STOCK PURCHASE AGREEMENT	RUSSELL PERRY AND SHEILA ELDRIDGE	MAY	2009			<input type="checkbox"/> LMA/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 type="checkbox"/> Preferred <input checked="" type="checkbox"/> Common <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Voting <input type="checkbox"/> Non-Voting	1000	1000	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 Interest Information

Copy 1.	Name	PERRY BROADCASTING OF AUGUSTA, INC.
	Address	Street 1528 N.E. 23RD STREET City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73111 - 3260 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 type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): CORPORATION
	FCC Registration Number	0017472390
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship

Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 2.	Name	RUSSELL M. PERRY
	Address	Street 1528 N.E. 23RD STREET City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73111 - 3260 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" 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 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):
	FCC Registration Number	0019344282
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship US
	Percentage of Votes	100.0%
	Percentage of Equity	100.0%
	Percentage of Total Assets (equity plus debt)	100.0%

Copy 3.	Name	RANOLA C. PERRY
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Address	Street 1528 N.E. 23RD STREET City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73111 - 3260 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" 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 checked="" 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 type="checkbox"/> Other (please specify):
FCC Registration Number	0019344654
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Citizenship	US
Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 4.

Name	KEVIN S. PERRY
Address	Street 1528 N.E. 23RD STREET City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73111 - 3260 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder

Relationship to Licensee	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input checked="" 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 type="checkbox"/> Other (please specify):
FCC Registration Number	0019344688
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
	Citizenship US
Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 5. Name	LAUREL A. TALLEY
Address	Street 1528 N.E. 23RD STREET City/State OKLAHOMA CITY, OKLAHOMA Postal/ZIP Code 73111 - 3260 Country (if not U.S.)
Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input checked="" 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 type="checkbox"/> Other (please specify):
FCC Registration Number	0018475178
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
	Citizenship US
Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 6	Name	VELVET PERRY
	Address	Street 6025 BROADCAST DRIVE City/State NORTH AUGUSTA, SOUTH CAROLINA Postal/ZIP Code 29841 Country (if not U.S.)
	Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<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 type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0021216551
	Gender, Ethnicity, Race	<input type="checkbox"/> N/A (entity)

and Citizenship Information (Natural Persons)	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
	Citizenship
Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

(b) Respondent certifies that any equity and financial interests not reported in response to Question 3 (a) are non-attributable. Yes No
[Exhibit 3]

If "No", submit as an Exhibit an explanation.

(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? Yes No

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 [Click Here](#).

[Broadcast Information]

[Newspaper Information]

(d) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? Yes No

If "Yes", complete the information describing the Relationship.

Familial Relationships			
Copy	Name	Parent / Child	Spouse
1.	RUSSELL M. PERRY AND RANOLA C. PERRY	<input type="radio"/>	<input checked="" type="radio"/>
2.	RUSSELL M. PERRY AND KEVIN S. PERRY	<input checked="" type="radio"/>	<input type="radio"/>
3.	RANOLA C. PERRY AND KEVIN S. PERRY	<input checked="" type="radio"/>	<input type="radio"/>
4.	RUSSELL M. PERRY AND VELVET PERRY	<input checked="" type="radio"/>	<input type="radio"/>
5.	RANOLA C. PERRY AND VELVET PERRY	<input checked="" type="radio"/>	<input type="radio"/>

(e) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? Yes No [Exhibit 4]

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.

[Enter Attribution Exemption Information]

4. 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. N/A

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.

[Enter Respondent Interest Held Information]

5. 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. N/A [Exhibit 5]

Non-Licensee Respondents should select "N/A" in response to this question.

Section III - Certification

I certify that I am PRESIDENT
 (Official Title)
 of PERRY BROADCASTING OF AUGUSTA, 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 RUSSELL M. PERRY	Date 11/12/2015
Telephone Number of Respondent (Include area code) (405) 424-4695	

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: EXHIBIT 5-COMPANY FLOW CHART

FLOW CHART

Attachment 5

Description
PB-Augusta Flow Chart

Spreadsheets

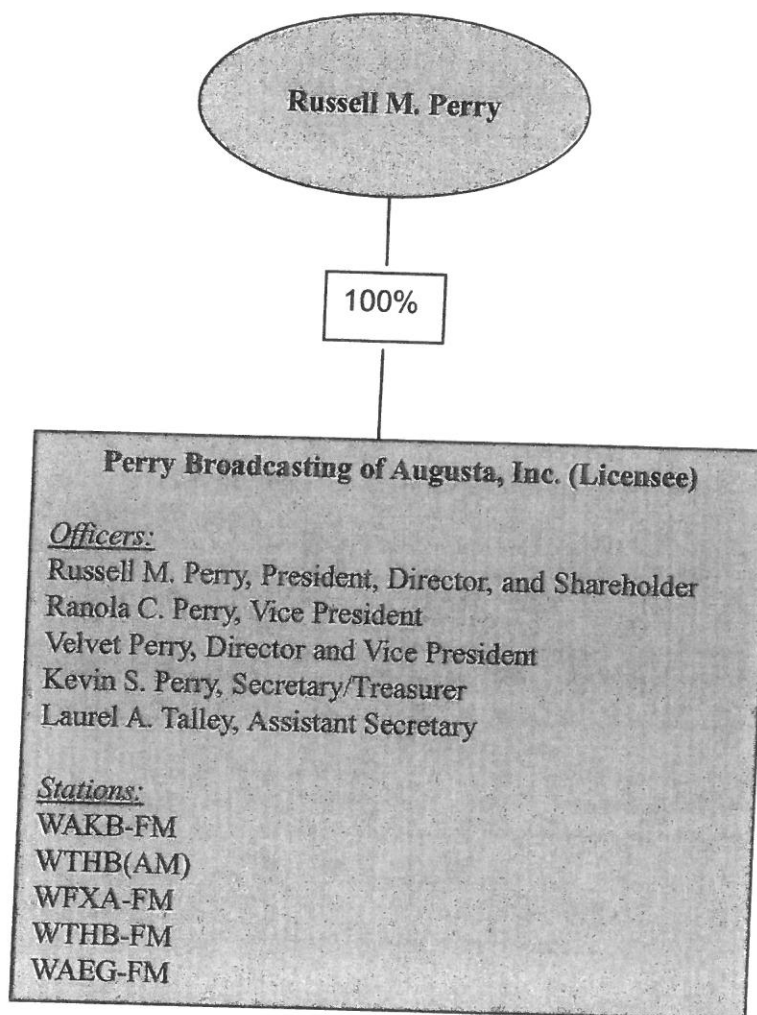
Description
Interests of parties with attributable interests in licensee

FCC 323 Ownership Report for Commercial Broadcast Stations
for Perry Broadcasting of Augusta, Inc.

Section II-B Biennial Ownership Information, Question 5

Exhibit 5

Attributable Ownership Interests Chart



Form 323, Section II-B, 3c Broadcast Interests 288_01

Name of Interest Holder	Call Sign	Community City	Community State	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of Total Assets (EDP)	Positional Interest (Check all that apply (Y/N))				
								Officer	Director	Partner	Limited Partner	
RUSSELL M. PERRY	KRMP	Oklahoma City	OK	63794	0	0	0	0 Y	Y	N	N	N
RUSSELL M. PERRY	KGTO	Tulsa	OK	65766	0	0	0	0 Y	Y	N	N	N
RUSSELL M. PERRY	KJMM	Bixby	OK	35015	0	0	0	0 Y	Y	N	N	N
RUSSELL M. PERRY	KKRX	Lawton	OK	61593	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	KJMZ	Cache	OK	35031	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	KVSP	Anadarko	OK	2189	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	KKEN	Duncan	OK	17729	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	KPNS	Duncan	OK	17730	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	KXCA	Lawton	OK	50213	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	KDDQ	Comanche	OK	37687	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	KACO	Apache	OK	70015	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	WAKB	Waynesboro	OK	31942	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	WTHB	Augusta	GA	15843	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	WFXA-FM	Augusta	GA	15848	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	WTHB-FM	Wrens	GA	15849	100	100	100	100 Y	Y	N	N	N
RUSSELL M. PERRY	WAEG	Evans	GA	31941	100	100	100	100 Y	Y	N	N	N
RANOLA C. PERRY	KRMP	Oklahoma City	OK	63794	0	0	0	0 Y	Y	N	N	N
RANOLA C. PERRY	KGTO	Tulsa	OK	65766	0	0	0	0 Y	Y	N	N	N
RANOLA C. PERRY	KJMM	Bixby	OK	35015	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KKRX	Lawton	OK	61593	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KJMZ	Cache	OK	35031	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KVSP	Anadarko	OK	2189	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KKEN	Duncan	OK	17729	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KPNS	Duncan	OK	17730	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KXCA	Lawton	OK	50213	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KDDQ	Comanche	OK	37687	0	0	0	0 Y	N	N	N	N
RANOLA C. PERRY	KACO	Apache	OK	70015	0	0	0	0 Y	N	N	N	N

LAUREL A. TALLEY
LAUREL A. TALLEY
LAUREL A. TALLEY
LAUREL A. TALLEY

WTHB Augusta
WFXA-TV Augusta
WTHB-TV Wrens
WAEG Evans

GA
GA
GA
GA

15843
15848
15849
31941

0
0
0
0

0
0
0
0

0 Y
0 Y
0 Y
0 Y

N
N
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N

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Z Z Z Z

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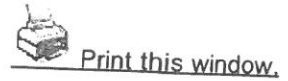
Z Z Z Z

Z Z Z Z



Online Payment
Step 3: Confirm Payment

Thank you.
Your transaction has been successfully completed.
It is recommended you print a copy for your records.



Pay.gov Tracking Information

Application Name: Remittance Advice

Pay.gov Tracking ID: 25ODN675

Agency Tracking ID: PGC2760685

Transaction Date and Time: 11/15/2015 09:21 EST

Payment Summary

Address Information

Account Holder Name: Perry Broadcasting of Augusta, Inc.

Billing Address: 100 N. Broadway Ave.

Billing Address 2:
City: Oklahoma City

State / Province: OK

Zip / Postal Code: 73102

Country: USA

Account Information

Card Type: American Express

Card Number: *****4002

Payment Information

Payment Amount: \$325.00

Transaction Date and Time: 11/15/2015 09:21 EST

[Return to your agency website](#)

MEMORANDUM

To: File

January 1, 2008

The station is not currently involved in a Time Brokerage Agreement.

PERRY BROADCASTING OF AUGUSTA
2017 ANNUAL EEO PUBLIC FILE REPORT
FOR EMPLOYMENT UNIT

WFXA-FM
WAKB-FM
WTHB-FM
WAEG-FM
WTHB-AM

FOR THE PERIOD

DECEMBER 1, 2016 – NOVEMBER 30, 2017

Part 1

Station Information

This report covers the following employment unit of Perry Broadcasting of Augusta, Inc.:

<u>Call Sign</u>	<u>AM/FM</u>	<u>Facility ID#</u>	<u>Community of License</u>
WFXA	FM	15848	Augusta, Georgia
WAKB	FM	31942	Hephzibah, Georgia
WAEG	FM	31941	Evans, Georgia
WTHB	FM	15849	Wrens, Georgia
WTHB	AM	15843	Augusta, Georgia

Attached is information concerning the recruitment efforts undertaken by the employment unit to fill the full-time vacancies during the period covered by this report.

A total of two (1) full-time vacancies were filled by the employment unit.

A total of three (3) people were interviewed for the full time vacancies.

Part 2-1

FULL TIME VACANCY

Job Title: Account Executive

Date Filled 06-19-17

Total Number of Interviewees: 03

Recruitment Sources:

The following recruitment sources were utilized to fill this vacancy:

<u>Name of Source</u>	<u>Address</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Interviewees Referred</u>
WFXA, WAKB, WTHB, and WAEG	6025 Broadcast Drive, North Augusta, SC 29841	V. Perry	(803) 279-2330	*03(X)
The Augusta Chronicle	725 Broad Street Augusta, GA 30901	J. Turner	(706) 262-2222	
News & Jefferson Farmers Publication	725 Broad Street Augusta, GA 30901	J. Turner	(706) 262-2222	
Online: Jobsaugusta.com	725 Broad Street Augusta, GA 30901	J. Turner	(706) 262-2222	02(X)
Online: Real Match Total Talent	725 Broad Street Augusta, GA 30901	J. Turner	(706) 262-2222	02(X)

A source with an (*) was the source that referred the new hire. A source with an (X) requested to be contacted as job openings occur.

Part 3

EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT

In fiscal year 2017, Perry Broadcasting of Augusta, Inc. had zero (0) complaints or charges of discrimination filed against the corporation.

ANNUAL EEO PUBLIC FILE REPORT

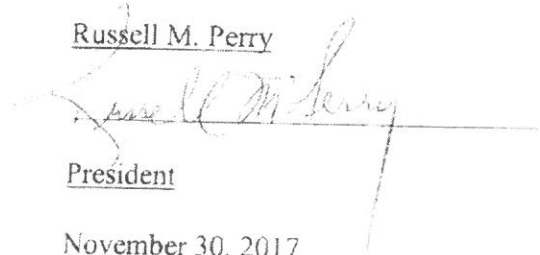
For the Period Beginning December 1, 2016 and Ending November 30, 2017

This Report is Not Required if Unit Has Fewer Than Five Full-Time Employees.

This Report consists of:

- Part 1 Station Information
- Part 2 Recruitment Sources/Interviewees for each Full-Time Vacancy
- Part 3 Recruitment Initiatives
- Part 4 Equal Employment Opportunity Complaint

Preparer: Russell M. Perry

Signature: 

Title: President

Date: November 30, 2017

Telephone: (405) 424-4695

*This report which usually covers the prior 12 month period is to be placed in each station public file and on each website (if applicable), every year on the anniversary of the due date of the station's renewal application.