

Agency Tracking ID:PGC3341584
Authorization Number:343216
Successful Authorization -- Date Paid:
1/8/20
FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
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SECTION A - Payer Information

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) KCOG, Inc.	(3) TOTAL AMOUNT PAID (dollars and cents) \$70.00
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(4) STREET ADDRESS LINE NO. 1
402 N 12th St

(5) STREET ADDRESS LINE NO. 2

(6) CITY Centerville	(7) STATE IA	(8) ZIP CODE 52544-1718
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(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 800-3734930	(10) COUNTRY CODE (IF NOT IN U.S.A.) US
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FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN) 0003777463	(12) FCC USE ONLY
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**IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
 IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

(13) APPLICANT NAME
KCOG, Inc.

(14) STREET ADDRESS LINE NO. 1
402 N 12th St

(15) STREET ADDRESS LINE NO. 2

(16) CITY Centerville	(17) STATE IA	(18) ZIP CODE 52544
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(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 800 - 3734930	(20) COUNTRY CODE (IF NOT IN U.S.A.) US
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FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)	(22) FCC USE ONLY
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0003777463

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) FCC Call Sign/Other ID	(24A) Payment Type Code(PTC) MAR	(25A) Quantity 1
(26A) Fee Due for (PTC) \$70.00	(27A) Total Fee \$70.00	FCC Use Only
(28A) FCC CODE 1 745384	(29A) FCC CODE 2 LMS0000095853	

(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	



Electronic Form 159

[Back](#) | [Print](#)

Payment Confirmation

Your transaction has been approved. For your records, please note the following:

AGENCY TRACKING ID:	PGC3341584
AUTHORIZATION NUMBER :	343216
AMOUNT PAID :	\$70.00

[PRINT FORM 159](#)

[CLOSE](#)

[FCC Fees](#)

Customer Service
[Web Policies / Privacy Policy](#)

[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.



Online Payment

Step 3: Confirm Payment

Thank you.
Your transaction has been successfully completed.

Pay.gov Tracking Information

Application Name: Remittance Advice

Pay.gov Tracking ID: 26MMK0TV

Agency Tracking ID: PGC3341584

Transaction Date and Time: 01/08/2020 14:55 EST

Payment Summary

Address Information	Account Information	Payment Information
<p>Account Holder Name: KCOG, Inc. 402 N 12th St Billing Address: Billing Address 2: City: Centerville State/Province: IA ZIP/Postal Code: 52544-1718 Country: USA</p>	<p>Credit Card Type: Visa Credit Card Number: *****1298</p>	<p>Payment Amount: \$70.00 Transaction Date and Time: 01/08/2020 14:55 EST</p>

Bogans, Tracey

From: notification@pay.gov
Sent: Wednesday, January 8, 2020 2:56 PM
To: Bogans, Tracey
Subject: Pay.gov Payment Confirmation: Remittance Advice

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact FCC Financial Operations Group Help Desk at ARINQUIRIES@fcc.gov at 877-480-3201 option 6.

Application Name: Remittance Advice
Pay.gov Tracking ID: 26MMK0TV
Agency Tracking ID: PGC3341584
Transaction Type: Sale
Transaction Date: Jan 8, 2020 2:55:53 PM

Account Holder Name: KCOG, Inc.
Transaction Amount: \$70.00
Card Type: Visa
Card Number: *****1298

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000095853 | Submit Date: 2020-01-08 | FRN: 0003777463

Purpose: Commercial Broadcast Stations Biennial Ownership Report | Status: Submitted | Status Date: 01/08/2020
Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0003777463	KCOG, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
402 N. 12th Street	Centerville	IA	52544	+1 (800) 373-4930	edwin.brand@icloud.com

2. Contact Representative

Name	Organization
David D. Oxenford	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783-4141	doxenford@wbklaw.com

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	1	70	\$70.00
				Total	\$70.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licensee
Nature of Respondent	For-profit corporation

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
<p>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.</p>	

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
KCOG, Inc.	0003777463

Fac. ID No.	Call Sign	City	State	Service
33736	KCOG	CENTERVILLE	IA	AM

Section II – Biennial Ownership Information**1. 47 C.F.R. Section 73.3613 and Other 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 set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable 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	0003777463		
Entity Name	KCOG, Inc.		
Address	PO Box		
	Street 1	402 N. 12th Street	
	Street 2		
	City	Centerville	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	52544	
	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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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	0019418607		
Name	Fredric L. Jenkins		
Address	PO Box		
	Street 1	402 N. 12th Street	
	Street 2		
	City	Centerville	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	52544	

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	28.0%	Jointly Held? No
	Equity	28.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information

FRN	0019418706		
Name	Emil R. Calzascia		
Address	PO Box		
	Street 1	3825 Breuner Avenue	
	Street 2		
	City	Sacramento	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	95819	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	45.0%	Jointly Held? No
	Equity	45.0%	
	Total assets (Equity Debt Plus)		

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
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Ownership Information

FRN	0019418649		
Name	Carolyn E. Jenkins		
Address	PO Box		
	Street 1	402 N. 12th Street	
	Street 2		
	City	Centerville	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	52544	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	27.0%	Jointly Held? No
	Equity	27.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	Yes		

(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.	Yes
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(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?

No

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.

(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	0019418607	Name	Fredric L Jenkins
FRN	0019418649	Name	Carolyn E Jenkins
Relationship	Spouses		

Family Relationships

FRN	0019418706	Name	Emil R Calzascia
FRN	0019418649	Name	Carolyn E Jenkins
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.

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 Licensee. 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.

KCOG is a single-level licensee.

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 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).	
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: Treasurer Exact Legal Title or Name of Respondent: KCOG, Inc. Name: Fredric Llewelyn Jenkins Phone: 8003734930 01/08/2020