

FRN

Creek Road

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

File Number: 0000047129 Submit Date: 2018-03-02 FRN: 0021302096 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 03/02/2018 Filing Status: Active

### **Section I - General Information**

### 1. Respondent

### **Entity Name**

0021302096		Katherine B. Lockwood Irrevocable Trust				
Street Address	City (and Country S. address)	y if non U.	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
220 Salters	Hampton		VA	23661	+1 (757) 722-9736	plawson@lockwoodbroadcast. com

### 2. Contact Representative

Name	Organization	
Coe W. Ramsey	Brooks, Pierce et al.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
150 Fayetteville Street Suite 1700	Raleigh	NC	27601	+1 (919) 839- 0300	cramsey@brookspierce. com

# 3. Application

Not Applicable

## **Filing Fee**

#### 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees	
Nature of Respondent	Other Respondent is a Trust.	

(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 Knoxville TV, LLC			FRN 0025276742	
65522	KAKE	WICHITA	KS	DTV
65523	KLBY	COLBY	KS	DTV
65527	KHDS-LD	SALINA	KS	LPD
65534	KGBD-LD	GREAT BEND	KS	LPD
65535	KUPK	GARDEN CITY	KS	DTV

Licensee/Permittee Name	FRN
WMAK TV, LLC	0022174155

Fac. ID No.	Call Sign	City	State	Service
83931	WKNX-TV	KNOXVILLE	TN	DTV

Licensee/Permittee Name	FRN
Tidewater TV LLC	0022836373

Fac. ID No.	Call Sign	City	State	Service
76324	WSKY-TV	MANTEO	NC	DTV

Licensee/Permittee Name			FRN	FRN		
Greensboro TV, LLC			0022572515	0022572515		
Fac. ID No.	Call Sign	City	State	Service		

LEXINGTON

NC

DTV

### Section II – Biennial Ownership Information

WCWG

35385

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	0021302096		
Entity Name	Katherine B. Lockwood Irrevocable Trust		
Address	PO Box		
	Street 1	220 Salters Creek Road	
	Street 2		
	City	Hampton	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	23661	
	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 a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No

#### Ownership Information

FDN	0010264246	
FRN	0019264316	
Name	Pamela B. Lawson	
Address	PO Box	
	Street 1	220 Salters Creek Road
	Street 2	
	City	Hampton

	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	23661	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Trustee		
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	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?		Yes	
<ul> <li>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</li> <li>If "No," submit as an exhibit an explanation.</li> </ul>			Yes



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director with No duties wholly unrelated to the Licensee(s)?

If "<u>Yes</u>," 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.

Certif	ication

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 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: <b>Trustee</b> Exact Legal Title or Name of Respondent: <b>Katherine B. Lockwood Irrevocable Trust</b> Name: <b>Pamela B. Lawson</b> Phone: <b>7577229736</b> 03/02/2018
		03/02/2010