

FRN

0021302062

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

File Number: 0000067208 Submit Date: 2019-01-23 FRN: 0022572515 Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: **Received** Status Date: 01/23/2019 Filing Status: Active

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

Jessica L. Lockwood Irrevocable Trust

### 1. Respondent

**Entity Name** 

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
220 Salters Creek Road	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	Transfer of control or assignment of license/permit
"As of" date	01/02/2019
	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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permitte	e Name	FRN				
Greensboro TV, LLC			0022572515	0022572515		
Fac. ID No.	Call Sign	City	State	Service		
2942	WPGX	PANAMA CITY	FL	DTV		
3228	WFXG	AUGUSTA	GA	DTV		
19200	WTNZ	KNOXVILLE	TN	DTV		
32851	WDFX-TV	OZARK	AL	DTV		

### Section II – Non-Biennial Ownership Information

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) 1.47 C.F.R. through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and Section 73.3613 attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If and Other the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. **Documents** Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question. Not Applicable. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent Interests 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) or Permittee(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) or Permittee(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** F Ε

FRN	0021302062			
Entity Name	Jessica L. 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			
<b>Positional Interests</b> (check all that apply)	Respondent			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	an attributable interest in one c report?	or more broadcast stations	Yes	

Ownership Information				
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			
Positional Interests (check all that apply)	Other - Trustee			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				
(b) Respondent certifies that any interests, including equity, financial, or voting Yes interests, not reported in this filing are non-attributable.				

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



(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.

Certificatio	n

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>Jessica L. Lockwood Irrevocable Trust</b> Name: <b>Pamela B. Lawson</b> Phone: <b>7577229736</b> 01/23/2019