

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

 File Number:
 0000067825
 Submit Date:
 2019-02-11
 FRN:
 0026943977

 Purpose:
 Commercial Broadcast Stations Non-Biennial Ownership Report
 Status:
 Received
 Status Date:

 02/11/2019
 Filing Status:
 Active
 Status:
 Status:
 Status:

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

#### 1. Respondent

 FRN
 Entity Name

 0024148678
 Robert L. Medved Family Endowment Trust dated 12/31/12, Gwendolyn M. Medved, Trustee

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1200 Orchard Lane	Elm Grove	WI	53122	+1 (414) 270- 2511	rmedved@drtv. com

#### 2. Contact Representative

Name	Organization
Kathleen A. Kirby, ESQ.	Wiley Rein, LLP

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
1776. K Street N.W.	Washington DC	DC	20006	+1 (202) 719-3360	kkirby@wileyrein.com

#### 3. Application Filing Fee

### Not Applicable

# 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			

(b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	02/04/2019
	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/Permittee	Name		FRN		
Stryker Media 2 LLC			00269439	77	
				<b>-</b>	<b>.</b> .
Fac. ID No.	Call Sign	City	· · · · · · · · · · · · · · · · · · ·	State	Service
51189	KOFY-TV	SAN FRANCISCO		CA	DTV

## Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question. Not Applicable.			
2. Ownership Interests	generating a series of subforms. itself. If the Respondent is not a non-insulated members, and any standards set forth in 47 C.F.R. or entities.) List each interest ho Leave the percentage of total as attributable interest in the Respo Section 73.3555, Note 2(i). In the case of vertical or indirect attributable interest in the Licens Entities that are part of an organ separate ownership reports. In s an attributable interest in the Lice Please see the Instructions for fu	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inter lder with a direct attributable inter sets (Equity Debt Plus) field blar ordent solely on the basis of the ownership structures, list only the see(s) or Permittee(s) for which t such a structure that includes l such a structure do not report, or ensee(s) or Permittee(s) for which urther detail concerning interests n FCC Registration Number for e	holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have ch the report is being submitted.	
	Please see the Instructions for d			
	Ownership Information			
	FRN	0024148678		
	Entity Name	Robert L. Medved Family Endowment Trust dated 12/31/12, Gwendolyn M. Medved, Trustee		
	Address	PO Box		
		Street 1	1200 Orchard Lane	
		Street 2		
		City	Elm Grove	
		State ("NA" if non-U.S. address)	WI	
		Zip/Postal Code	53122	
		Country (if non-U.S. address)	United States	

Respondent

Listing Type

<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 or report?	more broadcast stations	Yes

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Ownershi	ршо	mation

FRN	0027300656			
Name	Gwendolyn M. Medved			
Address	PO Box			
	Street 1	1200 Orchard Lane		
	Street 2			
	City	Elm Grove		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	53122		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (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)			
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	Yes	
(b) Respondent certifies that	any interests including equit	v financial or voting	Yes	

(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	Official Title: President
	and that to the best of my knowledge and	Exact Legal Title or Name of Respondent:
	belief, all statements in this report are	Robert L. Medved Family Endowment Trust
	true, correct and complete.	dated 12/31/12, Gwendolyn M. Medved,
		Trustee
		Name: Randy Nonberg
		Phone: 3105731600
		02/11/2019