

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

File Number: 0000079978Submit Date: 2019-08-05FRN: 0022572515Purpose: Commercial Broadcast Stations Non-Biennial Ownership ReportStatus: ReceivedStatus Date:08/05/2019Filing Status: Active

**Section I - General Information** 

#### 1. Respondent

# FRN Entity Name 0022569370 TDR Revocable Trust

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
3333 P Street, NW	Washington	DC	20007	+1 (757) 722-9736	dhanna@lockwoodbroadcast. com

#### 2. Contact Representative

Name	Organization
Elizabeth E. Spainhour	Brooks, Pierce et al.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
150 Fayetteville Street Suite1700	Raleigh	NC	27601	+1 (919) 839- 0300	espainhour@brookspierce. 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 is a Trust	

(b) Provide the following information about this report:		
Purpose	Transfer of control or assignment of license/permit	
"As of" date	07/01/2019	
	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			
Tennessee TV, LLC			0028618866		
Fac. ID No.	Call Sign	City		State	Service
83931	WKNX-TV	KNOXVILLE		TN	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	(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).		
			hose 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 separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does 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		
	FRN	0022569370	
	Entity Name	TDR Revocable Trust	
	Address	PO Box	
		Street 1	3333 P Street, NW
		Street 2	
		City	Washington
		State ("NA" if non-U.S. address)	DC
		Zip/Postal Code	20007
	Country (if non-U.S.United Statesaddress)		

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 an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

#### **Ownership Information**

FRN	0021226154			
Name	Thomas D. Rutherfoord, Jr.			
Address	PO Box			
	Street 1	3333 P Street, NW		
	Street 2			
	City	Washington		
	State ("NA" if non-U.S. address)	DC		
	Zip/Postal Code	20007		
	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)	ot 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>TDR</b> <b>Revocable Trust</b> Name: <b>Thomas D. Rutherfoord , Jr</b> Phone: <b>7577229736</b> 08/05/2019