

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000101907
 Submit Date:
 2020-01-29
 FRN:
 0022326680

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/29/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/29/2020

Section I - General Information

1. Respondent

FRN Entity Name 0022326680 Shield Media LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
314 Belle Grove Blvd	Lafayette	LA	70503	+1 (337) 280- 1288	scott. flick@pillsburylaw. com

2. Contact Representative

Name	Organization
Scott R. Flick	Pillsbury Winthrop Shaw Pittman LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 Seventeenth Street, NW	Washington	DC	20036	+1 (202) 663- 8167	scott.flick@pillsburylaw. 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	Limited liability company	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
	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) and Station(s)

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

Licensee/Permittee Name			RN	
WXXA-TV LLC			0021949656	
Fac. ID No.	Call Sign	City	State	Service
11970	WXXA-TV	ALBANY	NY	DTV

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	contracts and other instruments report. In addition, attributable L disclosed by the licensee of the attributable JSA, or a network at	set forth in 47 C.F.R. Section 73 ocal Marketing Agreements (LM brokering station on its ownersh filiation agreement, check the ap ee Respondents that only hold a	full power television, AM, and/or FM stations should list all 8.3613(a) through (c) for the facility or facilities listed on this As) and attributable Joint Sales Agreements (JSAs) must be ip report. If the agreement is an attributable LMA, an opropriate box. Otherwise, select "Other." Non-Licensee uthorizations for Class A television and/or low power television ion.	
	Not Applicable.			
 2. Ownership 1. Ownership 1. Iterests (a) Ownership Interests. This Question requires Respondents to enter detailed information about owner generating a series of subforms. Answer each question on each subform. The first subform listing should itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent separately. 			subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, a direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies	
		· · · · · · · · · · · · · · · · · · ·	Commission's Equity Debt Plus attribution standard, 47 C.F.R.	
	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 separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not ha 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	0022326680		
	Entity Name	Shield Media LLC		
	Address	PO Box		
		Street 1	314 Belle Grove Blvd	
		Street 2		
		City	Lafayette	
		State ("NA" if non-U.S. address)	LA	
		Zip/Postal Code	70503	

Country (if non-U.S.

address)

Respondent

Listing Type

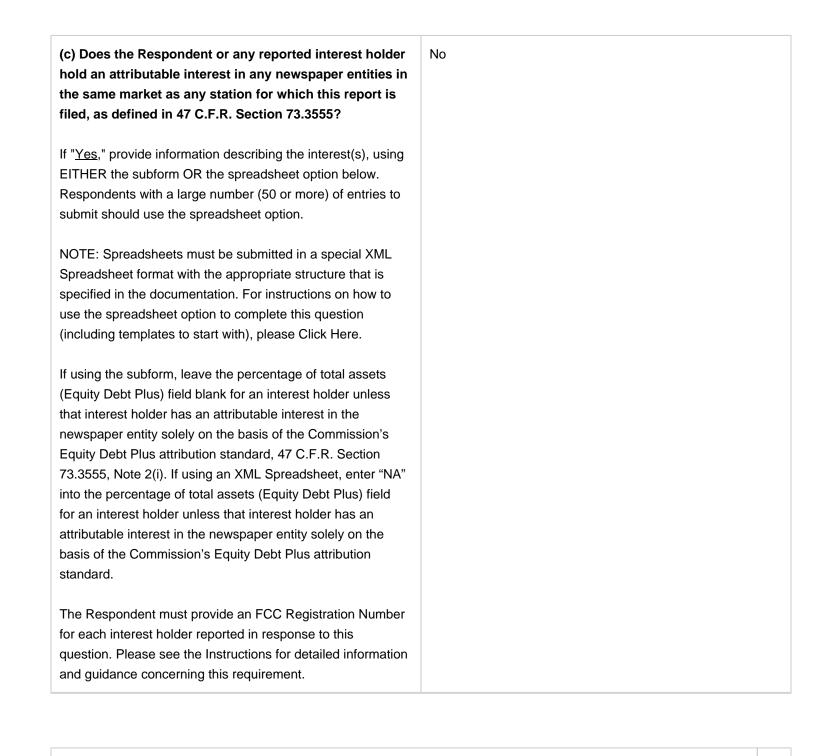
United States

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 that do not appear on this	No		

Ownership InformationFRN0019263888NameSheldon H. GallowayAddressPO Box

Name	Sheldon H. Galloway		
Address	PO Box		
	Street 1	314 Belle Grove Blvd	
	Street 2		
	City	Lafayette	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70503	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Membe	r, Other - Manager	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	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	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	an attributable interest in one o	r more broadcast stations	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 withNoduties 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.

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 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: Manager Exact Legal Title or Name of Respondent: Shield Media LLC Name: Sheldon H. Galloway Phone: 3372801288 01/29/2020