

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000170018
 Submit Date:
 2021-11-19
 FRN:
 0003756442

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/22/2021

 Filing Status:
 Active
 Status:
 Status Date:
 11/22/2021

Section I - General Information

1. Respondent

FRN	Entity Name
0027813039	KWES Television, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
8350 Broad Street Suite 2000	Tysons	VA	22102	+1 (703) 873- 6606	dbranson@tegna. com

2. Contact Representative

Name	Organization
Michael Beder, Esq.	TEGNA Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
8350 Broad Street, Suite 2000	Tysons	VA	22102	+1 (703) 873-6902	mbeder@TEGNA.com

3. Application Filing Fee

Question	Response	
Is this application being submitted without a filing fee?	No	

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	МАТ	1	95	\$85.00
		·	·	·	Total	\$85.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Limited liability company	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2021
	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	FRN
KWES Television, LLC	0027813039

Fac. ID No.	Call Sign	City	State	Service
42007	KWES-TV	ODESSA	ТХ	DTV

Section II – Biennial Ownership Information

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.

Document Information		
Description of contract or instrument	Certificate of Formation	
Parties to contract or instrument	State of Delaware	
Date of execution	08/2018	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Corporate Document	

Document Information

Description of contract or instrument	Network Affiliation Agreement, as amended
Parties to contract or instrument	NBC Television Network
Date of execution	01/2016
Date of expiration	01/2024
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information

Description of contract or instrument	Bounce Affiliation Agreement
Parties to contract or instrument	Bounce Media, LLC
Date of execution	05/2019
Date of expiration	05/2022
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information

Document information	
Description of contract or instrument	Network Affiliation Agreement
Parties to contract or instrument	Shop LC Global, Inc.
Date of execution	06/2021
Date of expiration	06/2023
Agreement type (check all that apply)	Network Affiliation Agreement

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	0027813039
Entity Name	KWES Television, LLC
Address	PO Box

	Street 1	8350 Broad Street	
	Street 2	Suite 2000	
	City	Tysons	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22102	
	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	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No

Ownership Information		
FRN	0019266030	
Name	David T. Lougee	
Address	PO Box	
	Street 1	8350 Broad Street, Suite 2000
	Street 2	
	City	Tysons
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	22102
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
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	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an that do not appear on this re	n attributable interest in one or port?	more broadcast stations	Yes

	0010260010		
FRN	0019269919		
Name	Lynn Beall		
Address	PO Box		
	Street 1	8350 Broad Street, Suite 2000)
	Street 2		
	City	Tysons	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22102	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one c	or more broadcast stations	Yes

Ownership Information		
FRN	0024925315	
Name	Akinyale Harrison	
Address	PO Box	
	Street 1	8350 Broad Street, Suite 2000
	Street 2	

	City	Tysons	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22102	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	·
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes

Ownership Information		
FRN	0029834603	
Name	Cherbury H. Chesser	
Address	PO Box	
	Street 1	8350 Broad Street, Suite 2000
	Street 2	
	City	Tysons
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	22102
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White

Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	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	Yes

lelland A" if non-U.S. I Code if non-U.S. rest Holder	8350 Broad Street, Suite 200 Tysons VA 22102 United States	0
l Code if non-U.S.	Tysons VA 22102	0
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l Code if non-U.S.	VA 22102	
l Code if non-U.S.	VA 22102	
l Code if non-U.S.	22102	
if non-U.S.		
	United States	
rest Holder		
ір	US	
	Male	
	Not Hispanic or Latino	
	White	
	0.0%	Jointly Held? No
	0.0%	
ets (Equity Debt	0.0%	
	ets (Equity Debt	0.0%

Ownership Information			
FRN	0003756442		
Entity Name	TEGNA Inc.		
Address	PO Box		
	Street 1	8350 Broad Street, Suite 2000	
	Street 2		

States	
States	
States	
Interest holder is not a Tribal nation or Tribal entity	
Jointly Held? No	

FRN	0029179694		
Name	Timothy A. Thomas		
Address	PO Box		
	Street 1	8350 Broad Street, Suite 200	0
	Street 2		
	City	Tysons	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22102	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	

	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?

Ownership Information			
FRN	0031481393		
Name	Marc S. Sher		
Address	PO Box		
	Street 1	8350 Broad Street, Suite 200	0
	Street 2		
	City	Tysons	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22102	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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 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	an attributable interest in one o report?	r more broadcast stations	Yes
	at any interests, including equi his filing are non-attributable.	ty, financial, or voting	Yes

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

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is	No
filed, as defined in 47 C.F.R. Section 73.3555?	
If " <u>Yes</u> ," provide information describing the interest(s), using	
EITHER the subform OR the spreadsheet option below.	
Respondents with a large number (50 or more) of entries to	
submit should use the spreadsheet option.	
NOTE: Spreadsheets must be submitted in a special XML	
Spreadsheet format with the appropriate structure that is	
specified in the documentation. For instructions on how to	
use the spreadsheet option to complete this question	
(including templates to start with), please Click Here.	
If using the subform, 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	
newspaper entity solely on the basis of the Commission's	
Equity Debt Plus attribution standard, 47 C.F.R. Section	
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"	
into the percentage of total assets (Equity Debt Plus) field	
for an interest holder unless that interest holder has an	
attributable interest in the newspaper entity solely on the	
basis of the Commission's Equity Debt Plus attribution standard.	
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.	

(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 duties wholly unrelated to the Licensee(s)?	No
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.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

File Name	Uploaded By	Attachment Type	Description
2021 Org Chart.pdf	Applicant	Ownership Chart	Organization Chart

Section III - Certification

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: Secretary Exact Legal Title or Name of Respondent: KWES Television, LLC Name: Marc S Sher , Esq. Phone: 7038736600 11/19/2021