



(REFERENCE COPY - Not for submission)

Amendment to a Commercial Broadcast Stations Biennial Ownership Report

File Number: **0000175010** | Submit Date: **2022-02-24** | FRN: **0021302062**
Purpose: **Commercial Broadcast Stations Biennial Ownership Report Amendment** | Status: **Received** | Status Date:
02/24/2022 | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0021302062		Jessica L. Lockwood Irrevocable Trust			

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	dhanna@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 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	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.

Reason for Amendment	The instant amendment is being filed at the request of Commission staff to include TV Translator stations that were inadvertently classified in the LMS database as Low Power TV stations as of the operative date of the instant report.
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5. Licensee(s)
and Station(s)

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

Licensee/Permittee Name	FRN
Panama City TV LLC	0028123172

Fac. ID No.	Call Sign	City	State	Service
2942	WPGX	PANAMA CITY	FL	DTV

Licensee/Permittee Name	FRN
Tidewater TV LLC	0022836373

Fac. ID No.	Call Sign	City	State	Service
76324	WSKY-TV	MANTEO	NC	DTV

Licensee/Permittee Name	FRN
Augusta TV LLC	0028123180

Fac. ID No.	Call Sign	City	State	Service
3228	WFXG	AUGUSTA	GA	DTV

Licensee/Permittee Name	FRN
Marble City TV LLC	0028123164

Fac. ID No.	Call Sign	City	State	Service
19200	WTNZ	KNOXVILLE	TN	DTV

Licensee/Permittee Name	FRN
Knoxville TV LLC	0025276742

Fac. ID No.	Call Sign	City	State	Service
65522	KAKE	WICHITA	KS	DTV
65523	KLBY	COLBY	KS	DTV
65527	KHDS-LD	SALINA	KS	LPD
65529	K33NP-D	RUSSELL	KS	LPT
65533	K25CV-D	HAYS	KS	LPT
65534	KGBD-LD	GREAT BEND	KS	LPD
65535	KUPK	GARDEN CITY	KS	DTV

Licensee/Permittee Name	FRN
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Dothan TV LLC	0028123198
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Fac. ID No.	Call Sign	City	State	Service
32851	WDFX-TV	OZARK	AL	DTV

Licensee/Permittee Name	FRN
Charlottesville TV LLC	0028278927

Fac. ID No.	Call Sign	City	State	Service
363	WCAV	CHARLOTTESVILLE	VA	DTV
4687	WVAW-LD	CHARLOTTESVILLE	VA	LPD

Licensee/Permittee Name	FRN
Tennessee TV, LLC	0028618866

Fac. ID No.	Call Sign	City	State	Service
83931	WKNX-TV	KNOXVILLE	TN	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.

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).

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	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		
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 an attributable interest in one or more broadcast stations that do not appear on this report?			No

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		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Equity	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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<p>(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 filed, as defined in 47 C.F.R. Section 73.3555?</p> <p>If "Yes," 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	No
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(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If "Yes," provide the following information for each such the relationship.	No
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<p>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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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 LICENSE --OR 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.	<p>Official Title: Trustee</p> <p>Exact Legal Title or Name of Respondent: Jessica L. Lockwood Irrevocable Trust</p> <p>Name: Pamela B. Lawson</p> <p>Phone: 7577229736</p> <p>02/24/2022</p>