

FRN

Not Applicable

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

 File Number:
 0000202789
 Submit Date:
 2022-10-24
 FRN:
 0003757077

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

 10/24/2022
 Filing Status:
 Active
 Status:
 Status:
 Status:

Section I - General Information

1. Respondent

Entity Name

0027203959		Catherine M. Gillespie Revocable Trust			
Street	City (and Count	ry if non U.S.	State ("NA" if non-U.S.	Zip	

Address	address)	address)	Zip Code	Phone	Email
260 Piedmont Street	Orange	VA	22960	+1 (540) 672- 1000	gillespie@alumni. virginia.edu

2. Contact Representative

Name	Organization	
Patrick Cross	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	pcross@brookspierce. com

3. Application Filing Fee

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
 10/06/2022

 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
Piedmont Communications, Inc.	0003757077

Fac. ID No.	Call Sign	City	State	Service
14710	WJMA	CULPEPER	VA	FM
14711	WCVA	CULPEPER	VA	AM
41899	WOJL	LOUISA	VA	FM
54873	WVCV	ORANGE	VA	AM
73191	WKTR	EARLYSVILLE	VA	AM
139551	W237CA	CULPEPER	VA	FX
148345	W288ED	CHARLOTTESVILLE	VA	FX

Section II – Non-Biennial Ownership Information

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) 1.47 C.F.R. through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and Section 73.3613 attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If and Other the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. **Documents** Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question. Not Applicable. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent Interests 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) 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 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) 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** 0027203959 FRN **Entity Name** Catherine M. Gillespie Revocable Trust **PO Box** Address Street 1 260 Piedmont Street Street 2

	City	Orange		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	22960		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (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?			No	

Ownership Information					
FRN	0019294123	0019294123			
Name	Catherine M. Gillespie	Catherine M. Gillespie			
Address	PO Box				
	Street 1	260 Piedmont Street			
	Street 2				
	City	Orange	Orange		
	State ("NA" if non-U.S. address)	VA			
	Zip/Postal Code	22960			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder	Other Interest Holder			
Positional Interests (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 that do not appear on this	or more broadcast stations	No			
(b) Respondent certifies th	(b) Respondent certifies that any interests, including equity, financial, or voting				

(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: General Manager of Licensee Exact Legal Title or Name of Respondent: Catherine M. Gillespie Revocable Trust Name: Kevin Dalton Phone: 5406721000
		10/24/2022