



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000046815** | Submit Date: **2018-03-02** | FRN: **0025884016**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **03/02/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0019430891	Lindsay Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 909	Quincy	IL	62306	+1 (217) 223-5100	bdreasler@quincymedia.com

2. Contact Representative

Name	Organization
Stephen Hartzell	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	shartzell@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 Licenses
Nature of Respondent	Other Respondent is a Trust.

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2017 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
KBJR License, LLC	0025017997

Fac. ID No.	Call Sign	City	State	Service
33658	KBJR-TV	SUPERIOR	WI	DTV
82698	KRII	CHISHOLM	MN	DTV

Licensee/Permittee Name	FRN
WEEK License, LLC	0025018011

Fac. ID No.	Call Sign	City	State	Service
24801	WEEK-TV	PEORIA	IL	DTV

Licensee/Permittee Name	FRN
WXOW-WQOW License, LLC	0024972457

Fac. ID No.	Call Sign	City	State	Service
64549	WXOW	LA CROSSE	WI	DTV
64550	WQOW	EAU CLAIRE	WI	DTV

Licensee/Permittee Name	FRN
WAOW-WYOW License, LLC	0024972283

Fac. ID No.	Call Sign	City	State	Service
64546	WAOW	WAUSAU	WI	DTV
77789	WYOW	EAGLE RIVER	WI	DTV
81503	WMOW	CRANDON	WI	DTV

Licensee/Permittee Name	FRN
WREX License, LLC	0025026097

Fac. ID No.	Call Sign	City	State	Service
73940	WREX	ROCKFORD	IL	DTV

Licensee/Permittee Name	FRN
WGEM License, LLC	0025018045

Fac. ID No.	Call Sign	City	State	Service
54275	WGEM-TV	QUINCY	IL	DTV
54277	WGEM	QUINCY	IL	AM
54281	WGEM-FM	QUINCY	IL	FM

Licensee/Permittee Name	FRN
WBNG License, LLC	0025018029

Fac. ID No.	Call Sign	City	State	Service
23337	WBNG-TV	BINGHAMTON	NY	DTV

Licensee/Permittee Name	FRN
WSJV License, LLC	0025026121

Fac. ID No.	Call Sign	City	State	Service
74007	WSJV	ELKHART	IN	DTV

Licensee/Permittee Name	FRN
KTIV License, LLC	0025026022

Fac. ID No.	Call Sign	City	State	Service
66170	KTIV	SIOUX CITY	IA	DTV

Licensee/Permittee Name	FRN
WVVA License, LLC	0024972424

Fac. ID No.	Call Sign	City	State	Service
74176	WVVA	BLUEFIELD	WV	DTV

Licensee/Permittee Name	FRN
WKOW License, LLC	0024972390

Fac. ID No.	Call Sign	City	State	Service
64545	WKOW	MADISON	WI	DTV

Licensee/Permittee Name	FRN
KTTC License, LLC	0024972465

Fac. ID No.	Call Sign	City	State	Service
35678	KTTC	ROCHESTER	MN	DTV

Licensee/Permittee Name	FRN
KWWL License, LLC	0024972259

Fac. ID No.	Call Sign	City	State	Service
593	KWWL	WATERLOO	IA	DTV

Licensee/Permittee Name	FRN
WPTA License, LLC	0024980278

Fac. ID No.	Call Sign	City	State	Service
73905	WPTA	FORT WAYNE	IN	DTV

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 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 required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is an attributable Local Marketing Agreement (LMA), an attributable Joint Sales Agreement (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	0019430891	
Entity Name	Lindsay Trust	
Address	PO Box	909
	Street 1	
	Street 2	
	City	Quincy
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	62306
	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	0019430925		
Name	Lee Lindsay Curtis		
Address	PO Box		
	Street 1	218 S. 18th Street	
	Street 2		
	City	Quincy	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	62301	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Co-Trustee of Respondent		
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	50.0%	Jointly Held? No
	Equity	0.0%	
	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?			No

(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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(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?

Yes

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.

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.

Other Newspaper Interests

FRN	0019430925	
Name	Lee Lindsay Curtis	
Name of Newspaper	Quincy Herald-Whig	
Location of Newspaper	City	Quincy
	State	IL
Positional Interests (check all that apply)	Other - Co-Trustee of Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	50.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	

Other Newspaper Interests

FRN	0019430891	
Name	Lindsay Trust	
Name of Newspaper	Quincy Herald-Whig	
Location of Newspaper	City	Quincy
	State	IL

Positional Interests (check all that apply)	Attributable Entity	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

(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?	No
If " <u>Yes</u> ," 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.	

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.	Official Title: Co-Trustee Exact Legal Title or Name of Respondent: Lindsay Trust Name: Lee Lindsay Curtis Phone: 2172235100 03/02/2018