

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000094554 Submit Date: 2020-01-02 FRN: 0027280478 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/02/2020 Filing Status: Active

Section I - General Information

1. Respondent

Entity Name

FRN	Entity Name
0020018339	MICHAEL E. OR MARY ELLEN FOX, TRUSTEES UTD

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
14751 Quito Road	Sarasota	CA	95070	+1 (914) 924- 8304	radiolaw21@verizon. net

2. Contact Representative

Name	Organization
Jerome S. Silber, Esq.	Consultant

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
23 Wilmont Avenue	White Plains	NY	10605	+1 (914) 924-8304	radiolaw21@verizon.net

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	10/01/2019
	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.

and Station(s)

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

Licensee/Permittee Name			FRI	N
MICHAEL E. OR MARY ELL	MICHAEL E. OR MARY ELLEN FOX, TRUSTEES UTD			
Fac. ID No.	Call Sign	City	State	Service
35569	KRTY	LOS GATOS	СА	FM

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.					
2. Ownership Interests	 enter detailed information about ownership interests by 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 erest in the Respondent separately. nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R. hose interests in the Respondent that also represent an ng submitted. holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted. is that must be reported in response to this question. e concerning this requirement. 					
	Ownership Information	1				
	FRN	0020018339				
	Entity Name	MICHAEL E. OR MARY ELLE	N FOX, TRUSTEES UTD			
	Address	PO Box				
		Street 1	14751 Quito Road			
		Street 2				
		City	Sarasota			
	State ("NA" if non-U.S. CA address) CA					
	Zip/Postal Code 95070					
	Country (if non-U.S. United States address) Address					
	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?			Yes

Ownership Information

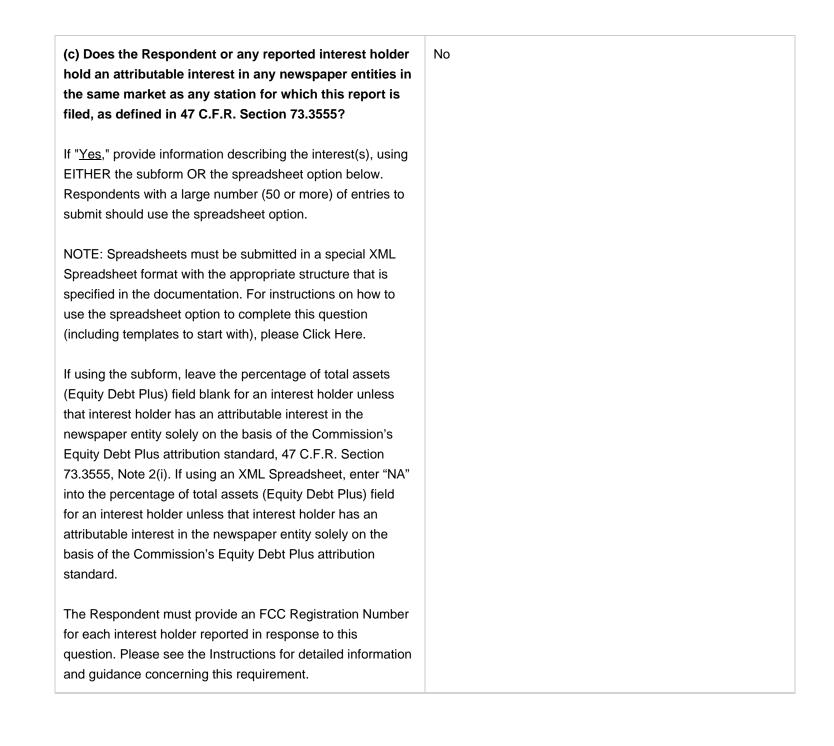
FRN	0027319813			
Name	Mary-Ellen Fox			
Address	PO Box			
	Street 1	14751 Quito Road		
	Street 2			
	City	Sarasota		
	State ("NA" if non-U.S. address)	СА		
	Zip/Postal Code	95070		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-trustee	Other - Co-trustee		
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? Yes	
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 stationsNothat do not appear on this report?				

Ownership Information

FRN	0020017919	
Name	Michael E. Fox	

Address	PO Box			
	Street 1	14751 Quito Road		
	Street 2			
	City	Sarasota		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	95070		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee			
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? Yes	
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	attributable interest in one or port?	r more broadcast stations	Yes	
(b) Posnondant cortifics that	any interests including equit	w financial or voting	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 Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships	mily Relationships			
FRN	0020017919	Name	Michael E Fox	
FRN	0027319813	Name	Mary-Ellen Fox	
Relationship	Spouses			

Family Relationships

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If "Yes," 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.	

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: Co-Trustee Exact Legal Title or Name of Respondent: Fox Revocable Living Trust u/a dated 06/05/1973 Name: Michael Fox Phone: 9149248304 01/01/2020