

FRN

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

 File Number:
 0000136820
 Submit Date:
 2021-02-23
 FRN:
 0004078598

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

 02/23/2021
 Filing Status:
 Active
 Status:
 Status:
 Status:

# **Section I - General Information**

## 1. Respondent

Entity Name

0030307722 Kathleen M		Kathleen M. Plu	um FMBC Irrevocable Trust of 2020			
Street Address	City (and Coun address)	try if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2824 Palm Beach Blvd.	Fort Myers		FL	33916	+1 (239) 334- 1111	joe@belislelaw. com

#### 2. Contact Representative

Name	Organization
Joseph A. Belisle, III.	Belisle Law Firm PA

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 970620	Miami	FL	33197	+1 (305) 978-7675	joe@belislelaw.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 Trust			

#### (b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	02/23/2021
	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.

/Permittees(s)
and Station(s)
/Permit(s)

1.47 C.F.R.

and Other

Documents

2. Ownership

Interests

Section 73.3613

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

Licensee/Permittee Name	FRN
Fort Myers Broadcasting Company	0004078598

Fac. ID No.	Call Sign	City	State	Service
22093	WINK-TV	FORT MYERS	FL	DTV
22094	WINK-FM	FORT MYERS	FL	FM
28901	WTLQ-FM	PUNTA RASSA	FL	FM
48329	WAXA	PINE ISLAND CENTER	FL	AM
139116	W239CL	GOLDEN GATE	FL	FX
142783	W247CR	PINE ISLAND CENTER	FL	FX
160167	WNPL	GOLDEN GATE	FL	АМ

## 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) 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/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 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) 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		
FRN	0030307722	
Entity Name	Kathleen M. Plum FMBC Irrevo	ocable Trust of 2020
Address	PO Box	
	Street 1	2824 Palm Beach Blvd.
	Street 2	
	City	Fort Myers

**Ownership Information** 

	State ("NA" if non-U.S.	FL		
	address)			
	Zip/Postal Code	33916		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
<b>Positional Interests</b> (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	0019989094	0019989094		
Name	Brian A. McBride	Brian A. McBride		
Address	PO Box			
	Street 1	2824 Palm Beach Blvd.		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33916		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (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)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

#### **Ownership Information**

FRN	0019990613		
Name	Kathleen McBride Plum		
Address	PO Box		
	Street 1	2824 Palm Beach Blvd.	
	Street 2		

	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33916		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Grantor	Other - Grantor		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	uity Debt 0.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information				
FRN	0019989128			
Name	Maureen McBride			
Address	PO Box			
	Street 1	2824 Palm Beach Blvd.		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33916		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Other - Trust Advisor			
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 No that do not appear on this report?			No	

Ownership InformationFRN0030307680NameLauren N. PlumAddressPO BoxStreet 12824 Palm Beach Blvd.

	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33916		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Member, Decision-Ma	Other - Member, Decision-Making Body		
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 a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information				
FRN	0030307755			
Name	Kelsey C. Plum	Kelsey C. Plum		
Address	PO Box			
	Street 1	2824 Palm Beach Blvd.		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code 33916			
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Other - Member, Decision-Making Body			
Interest Percentages (enter percentage values	es Voting 0.0% Jointly Held? No			
from 0.0 to 100.0)	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	0030307896	
Name	Daniel J. Plum	
Address	РО Вох	

	Street 1	2824 Palm Beach Blvd.	
	Street 2		
	City	Fort Myers	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33916	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Member, Decision-Making Body		
Interest Percentages Voting (enter percentage values		0.0% Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	e an attributable interest in one or more broadcast stations No		

that do not appear on this report?

Ownership Information				
FRN	0030307912	0030307912		
Name	Kaitlyn M. Lawrence	Kaitlyn M. Lawrence		
Address	PO Box	O Box		
	Street 1	2824 Palm Beach Blvd.		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code33916Country (if non-U.S. address)United States			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Other - Member, Decision-Ma	Other - Member, Decision-Making Body		
Interest Percentages (enter percentage values	Voting     0.0%     Jointly Held?       No			
from 0.0 to 100.0)	Total assets (Equity Debt0.0%Plus)			
Does interest holder have	an attributable interest in one o	r more broadcast stations	No	

(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.	

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in	No
the same market as any station for which this report is	
filed, as defined in 47 C.F.R. Section 73.3555?	
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.	

(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 " $\underline{Yes},$ " provide the following information for each such the relationship.

Family Relationships			
FRN	0019990613	Name	Kathleen McBride Plum
FRN	0019989094	Name	Brian A McBride
Relationship	Siblings		

#### **Family Relationships**

FRN	0019989128	Name	Maureen McBride
FRN	0019990613	Name	Kathleen McBride Plum
Relationship	Siblings		

#### Family Relationships

FRN	0019989128	Name	Maureen McBride
FRN	0019989094	Name	Brian A McBride
Relationship	Siblings		

Family Relationships			
FRN	0019990613	Name	Kathleen McBride Plum
FRN	0030307680	Name	Lauren N Plum
Relationship	Parent/Child		

#### Family Relationships

FRN	0019990613	Name	Kathleen McBride Plum
FRN	0030307755	Name	Kelsey C Plum
Relationship	Parent/Child		

# Family Relationships

FRN	0019990613	Name	Kathleen McBride Plum
FRN	0030307896	Name	Daniel J Plum
Relationship	Parent/Child		

#### Family Relationships

FRN	0019990613	Name	Kathleen McBride Plum
FRN	0030307912	Name	Kaitlyn M Lawrence
Relationship	Parent/Child		

## Family Relationships

FRN	0030307680	Name	Lauren N Plum
FRN	0030307755	Name	Kelsey C Plum
Relationship	Siblings		

# Family Relationships

FRN	0030307896	Name	Daniel J Plum
FRN	0030307912	Name	Kaitlyn M Lawrence
Relationship	Siblings		

# Family Relationships

FRN	0030307755	Name	Kelsey C Plum
FRN	0030307912	Name	Kaitlyn M Lawrence
Relationship	Siblings		

# Family Relationships

FRN	0030307755	Name	Kelsey C Plum
FRN	0030307896	Name	Daniel J Plum
Relationship	Siblings		

# Family Relationships

FRN	0030307680	Name	Lauren N Plum
FRN	0030307912	Name	Kaitlyn M Lawrence
Relationship	Siblings		

#### Family Relationships

FRN	0030307680	Name	Lauren N Plum
FRN	0030307896	Name	Daniel J Plum
Relationship	Siblings		

No

# (e) Is Respondent seeking an attribution exemption for any officer or director with 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.

#### 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: <b>Trustee</b> Exact Legal Title or Name of Respondent: <b>Kathleen M. Plum FMBC Irrevocable Trust of</b> <b>2020</b> Name: <b>Brian A McBride</b> Phone: <b>2393341111</b> 02/23/2021