

(REFERENCE COPY - Not for submission)

FRN

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000164749
 Submit Date:
 2021-10-25
 FRN:
 0015021157

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 10/25/2021

 Filing Status:
 Active
 Status:
 Status Date:
 10/25/2021

Section I - General Information

1. Respondent

Entity Name

0019367655 Gocom Broadca		casting Corporation				
Street Address	City (and Count address)	try if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
400 Main Street Suite 200F	Hilton Head Isla	nd	SC	29926	+1 (843) 342- 4405	ricgorman@gmail. com

2. Contact Representative

Name	Organization
Dan Kirkpatrick	Baker & Hostetler LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1050 Connecticut Avenue NW Suite 1100	Washington	DC	20036	+1 (202) 861- 1758	dkirkpatrick@bakerlaw. 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	For-profit corporation	

(b) Provide the following information about this report:

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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.

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

Licensee/Permittee Name			FRN	FRN	
GOCOM Media of Illinois, LLC			0015021157	0015021157	
	0 H 0	e		. .	
Fac. ID No.	Call Sign	City	State	Service	
16363	WBUI	DECATUR	IL	DTV	
62009	WRSP-TV	SPRINGFIELD	IL	DTV	
69544	WCCU	URBANA	IL	DTV	

Section II – Biennial Ownership Information

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

1. 47 C.F.R.

and Other

Documents

Section 73.3613

(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.

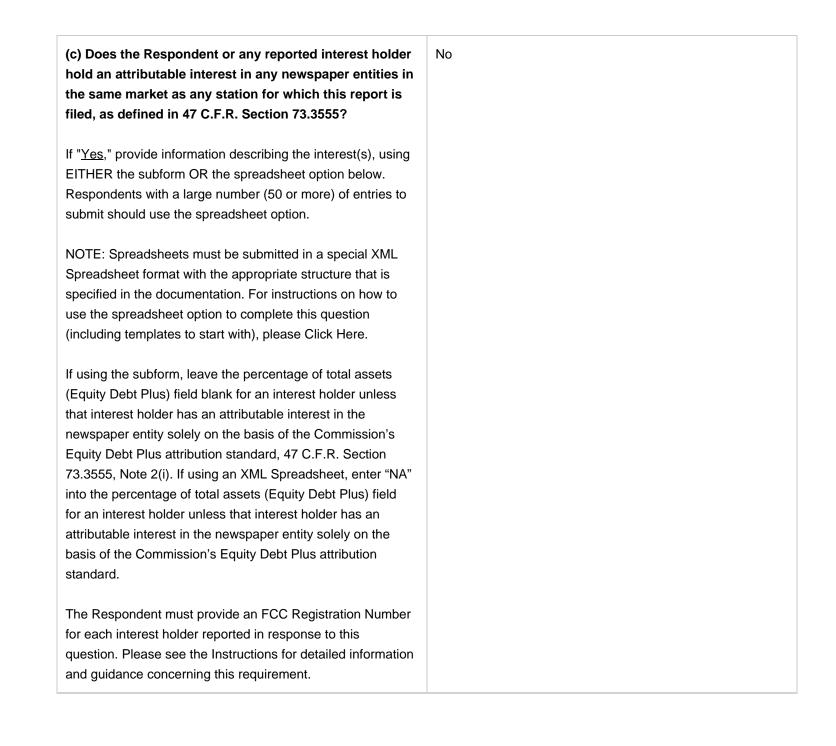
Ownership Information			
FRN	0019367655		
Entity Name	Gocom Broadcasting Corporation		
Address	PO Box		
	Street 1	400 Main Street	
	Street 2	Suite 200F	
	City	Hilton Head Island	
	State ("NA" if non-U.S. address)	SC	
	Zip/Postal Code	29926	

	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	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have ar	n attributable interest in one or	more broadcast stations	No

that do not appear on this report?

Ownership Information					
FRN	0019367606	0019367606			
Name	Richard L. Gorman	Richard L. Gorman			
Address	PO Box				
	Street 1	400 Main Street, Suite 200 F			
	Street 2				
	City	Hilton Head Island			
	State ("NA" if non-U.S. address)	SC			
	Zip/Postal Code	29926	29926		
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder	Officer, Director, Stockholder			
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	51.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	51.0%			
	Total assets (Equity Debt Plus)				
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No		

FRN	0019367630			
Name	Katherine Gorman			
Address	PO Box			
	Street 1	400 Main Street, Suite 200 F		
	Street 2			
	City	Hilton Head Island		
	State ("NA" if non-U.S. address)	SC		
	Zip/Postal Code	29926		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	·		
Positional Interests (check all that apply)	Officer, Stockholder			
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	49.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	49.0%	'	
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No	
	at any interests, including equit is filing are non-attributable. n explanation.	y, financial, or voting	Yes	



(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.

ramity Relationships			
FRN	0019367606	Name	Richard L Gorman
FRN	0019367630	Name	Katherine Gorman
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 " <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.	

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: President Exact Legal Title or Name of Respondent: GOCOM Broadcasting Corporation Name: Richard Gorman Phone: 8433424405 10/25/2021