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FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000170937 Submit Date: 2021-11-23 FRN: 0026903773 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/23/2021 Filing Status: Active

Section I - General Information

1. Respondent

Entity Name 0025746124 Nonberg Family Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
15200 Sunset Blvd Suite 202	Pacific Palisades	CA	90272	+1 (310) 573-1600	randynonberg@cnzcommunications. com

2. Contact Representative

Name	Organization
Kathleen A. Kirby	Wiley Rein, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776. K Street N.W.	Washington DC	DC	20006	+1 (202) 719-3360	kkirby@wileyrein.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	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.

5. Licensee(s) and Station(s)

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WGBP-TV

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

Licensee/Permittee Nar	ne				FRN	
Poquito Mas Communications LLC					0026495	465
Fac. ID No.	Call Sign	City			State	e Service
52887	KCNZ-CD	SAN	FRANCISCO		CA	DCA
130567	KQRM-LD	PET	ALUMA		CA	ТХ
Licensee/Permittee Nar	ne			FRM	N	
Stryker Media LLC				002	26903773	
Fac. ID No.	Call Sign		City		State	Service
55762	KYVV-TV		DEL RIO		ТХ	DTV
Licensee/Permittee Nar	ne			FRI	N	
Caballero Acquisition LL	С			001	4625362	
Fac. ID No.	Call Sign		City		State	Service
167838	KMMD-CD		SALINAS		CA	DCA
Licensee/Permittee Name FRN						
Milwaukee Media LLC				002	23962665	
Fac. ID No.	Call Sign	C	ity		State	Service
35091	WMKE-CD	Ν	1ILWAUKEE		WI	DCA
60571	WIWN	F	OND DU LAC		WI	DTV
Licensee/Permittee Nar	ne			FRI	N	
Caballero III, LLC				002	28638583	
Fac. ID No.	Call Sign	Ci	ity		State	Service
17830	KGMM-CD	S	AN ANTONIO		ТХ	DCA
Licensee/Permittee Nar	ne			FRI	N	
Stryker Media 2 LLC				002	26943977	
Fac. ID No.	Call Sign	City			State	Service
51189	KOFY-TV	SAN	FRANCISCO		CA	DTV
Licensee/Permittee Nar	ne				FRN	
CNZ Communications S	E, LLC				000175194	0

OPELIKA

AL

DTV

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 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	0025746124			
Entity Name	Nonberg Family Trust			
Address	PO Box			
	Street 1	15200 Sunset Blvd		
	Street 2	Suite 202 Pacific Palisades		
	City			
	State ("NA" if non-U.S. address)	СА		
	Zip/Postal Code	90272		
	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			

Ownership Information

	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
s interest holder have an	attributable interest in one or	more broadcast stations	Yes

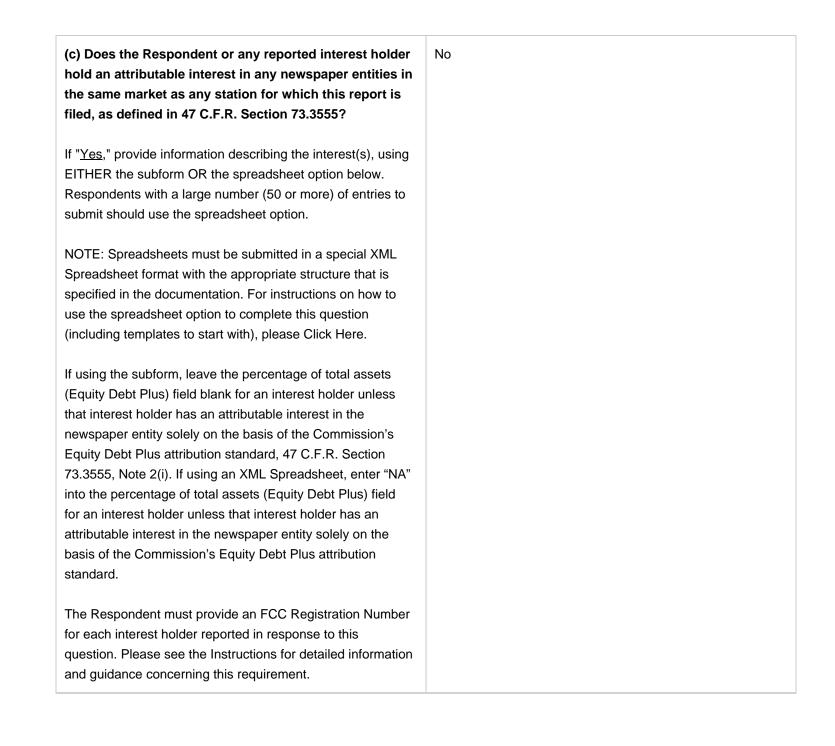
Does interest holder have an attributable interest in one or more broadcast station
that do not appear on this report?

Ownership Information				
FRN	0021145933			
Name	Deborah Nonberg	Deborah Nonberg		
Address PO Box				
	Street 1	15200 Sunset Blvd, Suite 202		
	Street 2	Suite 202		
	City	Pacific Palisades		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90272		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - 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	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	50.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one c report?	r more broadcast stations	Yes	

Ownership Information

FRN	0019517515	
Name	Randy E. Nonberg	
Address	PO Box	
	Street 1	152
	Street 2	Suite 202
	City	Pacific Palisades

	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90272		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	50.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one c report?	r more broadcast stations	Yes	
., .	nat any interests, including equi his filing are non-attributable. an explanation.	ty, 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.

Family Relationships					
FRN	0019517515	Name	Randy E Nonberg		
FRN	0021145933	Name	Deborah Nonberg		
Relationship	Spouses				

(e) Is F	Respondent seeking an attribution exemption for any officer or director with	No
duties	wholly unrelated to the Licensee(s)?	
lf " <u>Yes</u>	" complete the information in the required fields and submit an Exhibit fully describing	
that inc	lividual's duties and responsibilities, and explaining why that individual should not be	
attribut	ed an interest.	

Certification

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: Executive Vice President Exact Legal Title or Name of Respondent: Nonberg Family Trust Name: David Nonberg Phone: 3105731600 11/23/2021