

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

File Number: 0000176945 Submit Date: 2021-12-07 FRN: 0031225691 Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: **Received** Status Date: 12/07/2021 Filing Status: Active

### **Section I - General Information**

#### 1. Respondent

FRN Entity Name					
0031225691		Local Matters B	Broadcasting		
Street	City (and Coun	try if non U.S.	State ("NA" if non-U.S.	Zip	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 3847	St. Augustine	FL	32085	+1 (202) 604- 1823	matt@1021news. com

Organization

#### 2. Contact Representative

Aaron P. Shainis			nis & Peltzm	an, Chartered			
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email		
1850 M St NW Suite 240	Washington	DC	20036	+1 (202) 293-0567	aaron@s-plaw.com		

#### 3. Application **Filing Fee**

Not Applicable

Name

4. Nature of Respondent

Relationship to stations/permits	Licensee
Nature of Respondent	Limited liability company

Purpose	Transfer of control or assignment of license/permit	
"As of" date	12/07/2021	
	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.	

Licensee/Permitte	e Name	FRN	FRN		
Local Matters Broadcasting			0031225691	91	
Fac. ID No.	Call Sign	City	State	Service	
60271	WFOY	ST. AUGUSTINE	FL	AM	
148291	W271CJ	ST. AUGUSTINE	FL	FX	

## Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	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.				
2. Ownership Interests	generating a series of subforms, itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R. or entities.) List each interest ho Leave the percentage of total as attributable interest in the Respo Section 73.3555, Note 2(i). In the case of vertical or indirect attributable interest in the Licens Entities that are part of an organ separate ownership reports. In s an attributable interest in the Licens	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inte- lder with a direct attributable inte- sets (Equity Debt Plus) field bla ondent solely on the basis of the ownership structures, list only the see(s) or Permittee(s) for which such a structure do not report, or ensee(s) or Permittee(s) for which wither detail concerning interests	<ul> <li>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.</li> <li>nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.</li> <li>hose interests in the Respondent that also represent an the report is being submitted.</li> <li>holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have ch the report is being submitted.</li> <li>is that must be reported in response to this question.</li> </ul>		
	Please see the Instructions for c	letailed information and guidanc	e concerning this requirement.		
	Ownership Information				
	FRN	0031225691			
	Entity Name	Local Matters Broadcasting			
	Address	PO Box	3847		
		Street 1			
		Street 2			
		St. Augustine			
State ("NA" if non-U.S. FL address)			FL		
	Zip/Postal Code 32085				
	Country (if non-U.S.     United States       address)     United States				

Respondent

Listing Type

<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 a that do not appear on this re	No		

Ownershin	Information
Ownership	mormation

FRN	9990148689					
Name	Matthew Kraycinovich	Matthew Kraycinovich				
Address	PO Box	3847				
	Street 1					
	Street 2					
	City	St. Augustine				
	State ("NA" if non-U.S. address)	FL				
	Zip/Postal Code	32085				
	Country (if non-U.S. address)	United States				
Listing Type	Other Interest Holder	·				
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member					
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No			
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	100.0%				
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		r more broadcast stations	No			
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(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 No or related to each other as parentchild or as siblings?

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

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certificatio	n

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>Sole Member</b> Exact Legal Title or Name of Respondent: <b>Local Matters Broadcasting</b> Name: <b>Matthew Kraycinovich</b> Phone: <b>2026041823</b> 12/07/2021