



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000223773** | Submit Date: **2023-10-24** | FRN: **0029101425**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/24/2023**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0029101425	Robert G. Leighton Revocable Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
619 West St. Germain St.	St. Cloud	MN	56302	+1 (320) 251-1450	John@JWKingLaw.com

2. Contact Representative

Name	Organization
John Wells King, Esq.	Law Office of John Wells King, PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4051 Shoal Creek Ln E	Jacksonville	FL	32225	+1 (904) 647-9610	John@JWKingLaw.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	10/01/2023 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)**

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

Licensee/Permittee Name	FRN
Leighton Radio Holdings, Inc.	0024470627

Fac. ID No.	Call Sign	City	State	Service
76	KJJK	FERGUS FALLS	MN	AM
21399	KZCR	FERGUS FALLS	MN	FM
27534	KRIV-FM	WINONA	MN	FM
31058	KPRW	PERHAM	MN	FM
33276	KHWK	WINONA	MN	AM
33277	KGSL	WINONA	MN	FM
50758	KJJK-FM	FERGUS FALLS	MN	FM
72152	KWNO	WINONA	MN	AM
72153	KWMN	RUSHFORD	MN	FM
138342	K249EZ	FERGUS FALLS	MN	FX
149983	K254CM	WINONA	MN	FX
200118	K268DJ	WINONA	MN	FX

Licensee/Permittee Name	FRN
Leighton Enterprises, Inc.	0004974358

Fac. ID No.	Call Sign	City	State	Service
6651	KXRZ	ALEXANDRIA	MN	FM
21400	KBRF	FERGUS FALLS	MN	AM
33000	KGFK	EAST GRAND FORKS	MN	AM
35509	KZLT-FM	EAST GRAND FORKS	MN	FM
37000	KDLM	DETROIT LAKES	MN	AM
37002	KNSI	ST. CLOUD	MN	AM
37003	KCLD-FM	ST. CLOUD	MN	FM
51059	KBOT	PELICAN RAPIDS	MN	FM
51523	KXRA	ALEXANDRIA	MN	AM
51525	KXRA-FM	ALEXANDRIA	MN	FM
54592	KNOX	GRAND FORKS	ND	AM
54593	KZGF	GRAND FORKS	ND	FM
56800	KRCQ	DETROIT LAKES	MN	FM
57562	KZPK	PAYNESVILLE	MN	FM
62059	KYCK	CROOKSTON	MN	FM

79009	KCML	ST. JOSEPH	MN	FM
142395	K262AT	ALEXANDRIA	MN	FX
144727	K226CA	DETROIT LAKES	MN	FX
147641	K239BG	GRAND FORKS	ND	FX
149174	K277BS	ST. CLOUD	MN	FX
150152	K300BG	GRAND FORKS	ND	FX
200116	K245CU	DETROIT LAKES	MN	FX
200117	K257GK	ST. CLOUD	MN	FX
200406	K289CL	GLENWOOD	MN	FX
202225	K248DH	EAST GRAND FORKS	MN	FX
202226	K277DN	GRAND FORKS	ND	FX

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.

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	0029101425	
Entity Name	Robert G. Leighton Revocable Trust	
Address	PO Box	
	Street 1	619 West St. Germain St.
	Street 2	

	City	St. Cloud	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56302	
	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
	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?			No

Ownership Information

FRN	0019384155		
Name	Robert Leighton		
Address	PO Box	1458	
	Street 1		
	Street 2		
	City	St. Cloud	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56302	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	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?		No

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If " <u>Yes</u> ," provide the following information for each such the relationship.	No
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(d) 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.	No
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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 LICENSE --OR 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: Trustee Exact Legal Title or Name of Respondent: Robert G. Leighton Revocable Trust Name: Robert G. Leighton Phone: 3202511450 10/24/2023