



(REFERENCE COPY - Not for submission)

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

File Number: **0000228424** | Submit Date: **2023-11-28** | FRN: **0004078598**  
Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/28/2023**  
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0030307698		Brian A. McBride FMBC Irrevocable Trust of 2020			
Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2824 Palm Beach Blvd.	Fort Myers	FL	33916	+1 (239) 334-1111	mark.gilson@fmbcmail.com

2. Contact Representative

Name		Organization			
Jennifer A. Johnson		Covington & Burling LLP			
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
One CityCenter 850 Tenth Street, NW	Washington	DC	20001	+1 (202) 662-5552	jjohnson@cov.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
Fort Myers Broadcasting Company	0004078598

Fac. ID No.	Call Sign	City	State	Service
1154	WAVV	NAPLES PARK	FL	FM
22093	WINK-TV	FORT MYERS	FL	DTV
22094	WINK-FM	FORT MYERS	FL	FM
28901	WTLQ-FM	PUNTA RASSA	FL	FM
139116	W239CL	GOLDEN GATE	FL	FX
142783	W247CR	PINE ISLAND CENTER	FL	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	0030307698	
Entity Name	Brian A. McBride FMBC Irrevocable Trust of 2020	
Address	PO Box	
	Street 1	2824 Palm Beach Blvd.
	Street 2	

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

Ownership Information			
<div>FRN</div>	0019989094		
<div>Name</div>	Brian A. McBride		
<div>Address</div>	<div>PO Box</div>		
	<div>Street 1</div>	2824 Palm Beach Blvd.	
	<div>Street 2</div>		
	<div>City</div>	Fort Myers	
	<div>State ("NA" if non-U.S. address)</div>	FL	
	<div>Zip/Postal Code</div>	33916	
	<div>Country (if non-U.S. address)</div>	United States	
<div>Listing Type</div>	Other Interest Holder		
<div>Positional Interests (check all that apply)</div>	Other - Grantor		
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US	
	<div>Gender</div>	Male	
	<div>Ethnicity</div>	Not Hispanic or Latino	
	<div>Race</div>	White	
<div>Interest Percentages (enter percentage values from 0.0 to 100.0)</div>	<div>Voting</div>	0.0%	<div>Jointly Held?</div> <div>No</div>
	<div>Equity</div>	0.0%	

	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

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		
Positional Interests (check all that apply)	Other - Trustee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

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

	<b>Zip/Postal Code</b>	33916	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Trust Advisor		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>		
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

Ownership Information			
<b>FRN</b>	0030307953		
<b>Name</b>	Jill McBride		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	2824 Palm Beach Blvd.	
	<b>Street 2</b>		
	<b>City</b>	Fort Myers	
	<b>State ("NA" if non-U.S. address)</b>	FL	
	<b>Zip/Postal Code</b>	33916	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Member, Decision-Making Body		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	CA	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	

	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information			
FRN	0023108517		
Name	Brian P. 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		
Positional Interests (check all that apply)	Other - Member, Decision-Making Body		
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	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information		
FRN	0023108566	
Name	Colleen L. McBride	
Address	PO Box	
	Street 1	2824 Palm Beach Blvd.
	Street 2	
	City	Fort Myers
	State ("NA" if non-U.S. address)	FL

	<b>Zip/Postal Code</b>	33916	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Member, Decision-Making Body		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>		
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

Ownership Information			
<b>FRN</b>	0030301956		
<b>Name</b>	Kelly L. McBride		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	2824 Palm Beach Blvd.	
	<b>Street 2</b>		
	<b>City</b>	Fort Myers	
	<b>State ("NA" if non-U.S. address)</b>	FL	
	<b>Zip/Postal Code</b>	33916	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Member, Decision-Making Body		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	

	Total assets (Equity Debt Plus)	
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.	Yes
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Family Relationships			
FRN	0019990613	Name	Kathleen McBride Plum
FRN	0019989128	Name	Maureen McBride
Relationship	Siblings		

Family Relationships			
FRN	0030307953	Name	Jill McBride
FRN	0030301956	Name	Kelly L McBride
Relationship	Parent/Child		

Family Relationships			
FRN	0023108566	Name	Colleen L McBride
FRN	0030301956	Name	Kelly L McBride
Relationship	Siblings		

Family Relationships			
FRN	0023108517	Name	Brian P McBride
FRN	0023108566	Name	Colleen L McBride
Relationship	Siblings		

Family Relationships			
FRN	0023108517	Name	Brian P McBride
FRN	0030301956	Name	Kelly L McBride
Relationship	Siblings		

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

Family Relationships			
FRN	0019989094	Name	Brian A McBride
FRN	0023108566	Name	Colleen L McBride
Relationship	Parent/Child		

Family Relationships			
FRN	0019989094	Name	Brian A McBride
FRN	0030301956	Name	Kelly L McBride
Relationship	Parent/Child		

Family Relationships			
FRN	0019989094	Name	Brian A McBride
FRN	0030307953	Name	Jill McBride
Relationship	Spouses		

Family Relationships			
FRN	0019989094	Name	Brian A McBride
FRN	0023108517	Name	Brian P McBride
Relationship	Parent/Child		

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

Family Relationships			
FRN	0030307953	Name	Jill McBride
FRN	0023108566	Name	Colleen L McBride
Relationship	Parent/Child		

Family Relationships			
FRN	0030307953	Name	Jill McBride
FRN	0023108517	Name	Brian P McBride
Relationship	Parent/Child		

<p><b>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b></p> <p>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.</p>	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: <b>Trustee</b> Exact Legal Title or Name of Respondent: <b>Brian A. McBride FMBC Irrevocable Trust of 2020</b> Name: <b>Maureen McBride</b> Phone: <b>2393341111</b>  11/28/2023