

FRN

Not Applicable

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

File Number:0000227883Submit Date:2023-11-27FRN:0002931061Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/27/2023Filing Status:Active

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

### 1. Respondent

### Entity Name

0027212877	Irrevocable Trust f/b/o C.J. Brown

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
5343 Shadow Creek Drive	Youngstown	ОН	44512	+1 (330) 727- 4624	markbrown@npmohio. com

### 2. Contact Representative

Name	Name			Organization		
Jessica T. Nyman		Pillsbury Winthrop Shaw Pittman LLP				
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email	

Address	address)	State	Code	Phone	Email
1200 Seventeenth Street, NW	Washington	DC	20036	+1 (202) 663- 8810	jessica.nyman@pillsburylaw. 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	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		
WFMJ Television, Inc.			0002931	061		
Fac. ID No. Call Sign		City		State	Service	
72062	WFMJ-TV	YOUNGSTOWN		ОН	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, 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.			
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 The Respondent must provide a	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inte- older with a direct attributable inte- sets (Equity Debt Plus) field blac ondent solely on the basis of the covership structures, list only the see(s) for which the report is bein nizational structure that includes such a structure do not report, or censee(s) for which the report is lead urther detail concerning interests	holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted. Is that must be reported in response to this question. each interest holder reported in response to this question.	
	Ownership Information			
	FRN	0027212877		
	Entity Name	Irrevocable Trust f/b/o C.J. Bro	own	
	Address	PO Box		
Street		Street 1	5343 Shadow Creek Drive	
		Street 2		
City			Youngstown	
State ("NA" if non-U.S. OH address)			ОН	
	44512			

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 an attributable interest in one or more broadcast stations No that do not appear on this report?					

Ownership Information				
FRN	0019316033	0019316033		
Name	Mark A. Brown	Mark A. Brown		
Address	PO Box			
	Street 1	5343 Shadow Creek Drive		
	Street 2			
	City	Youngstown		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	44512		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Other - Trustee			
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	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	100.0%		
	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	
(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.

(c) 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.

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

#### 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 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>Trustee</b> Exact Legal Title or Name of Respondent: <b>Irrevocable Trust f.b.o. C.J. Brown</b> Name: <b>Mark A Brown</b> Phone: <b>3307274624</b> 11/27/2023