

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. BOA-20110208ABA

Section I - General Information

1.	Legal Name of the Respondent GEE COMMUNICATIONS, INC		
	Street Address (1) P.O. BOX 47		
	Street Address (2)		
	City CREWE	State or Country (if foreign address) VA	ZIP Code 23930 -
	Telephone Number (include area code) 4346457734	E-Mail Address (if available) WSVS@WSVSAM.COM	
	FCC Registration Number: 0004368296	Call Sign WSVS	Facility ID Number 320
2.	Contact Representative CHRISTOPHER GOWIN	Firm or Company Name GEE COMMUNICATIONS, INC.	
	Street Address (1) P.O. BOX 47		
	Street Address (2)		
	City CREWE	State or Country (if foreign address) VA	ZIP Code 23930 -
	Telephone Number (include area code) 4346457734	E-Mail Address (if available) CHRIS@WSVSAM.COM	
3.	Nature of Respondent (See Instructions for definitions)		
	<input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Other <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 11/01/2009 (Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input checked="" type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.		

e. Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. Amendment to a previously filed Ownership Report

File Number: -

If an Amendment, **submit as an Exhibit** a listing by Section and Question Number the portions of the previous Report that are being revised.

[Exhibit 1]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
GEE COMMUNICATIONS, INC.	0004368296

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WSVS	320	CREWE , VIRGINIA	AM Station

8. Respondent is:

- Sole Proprietorship
 Not-for-profit corporation
 Limited partnership
 For-profit corporation
 General partnership
 Other
 If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

[Enter Contract Information]

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

Not Applicable

[Enter Capitalization Information]

3. (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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy 1.	Name	GEE COMMUNICATIONS
	Address	Street P.O BOX 47 City/State CREWE , VIRGINIA Postal/ZIP Code 23930 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	9990053135
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
	Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races	
	Citizenship US	
Percentage of votes	100.0 %	

	Percentage of equity	100.0 %	
	Percentage of total assets (equity debt plus)	100.0 %	
(b.)	Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable. If "No," submit as an Exhibit an explanation.		<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]
(c.)	Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555? If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here . [Broadcast Interests Subform] [Newspaper Interests Subform]		<input type="radio"/> Yes <input checked="" type="radio"/> No
(d.)	Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? If "Yes", complete the information describing the relationship. [Enter Familial Relationships Information]		<input type="radio"/> Yes <input checked="" type="radio"/> No
(e.)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? If "Yes", 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. [Enter Attribution Exemption Information]		<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the		<input checked="" type="checkbox"/> N/A

	<p>Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</p> <p>[Enter Respondent Interests Held Information]</p>	
5.	<p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<p><input checked="" type="checkbox"/> N/A [Exhibit 5]</p>

SECTION III - CERTIFICATION

I certify that I am GENERAL MANAGER

(Official Title)

of CHRISTOPHER GOWIN

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature CHRISTOPHER W. GOWIN	Date 02/08/2011
Telephone Number of Respondent (Include area code) 4346457734	

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).

Exhibits



1600 WELLS FARGO CAPITOL CENTER
150 FAYETTEVILLE STREET
RALEIGH, NC 27601

T 919.839.0300
F 919.839.0304
WWW.BROOKSPIERCE.COM

December 19, 2013

VIA FEDERAL EXPRESS

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
c/o US Bank
Government Lockbox #979089
SL-MO-C2-GL
1005 Convention Plaza
St. Louis, MO 63101

Attn: Lockbox Number 979089

Re: WSVS, Crewe, Virginia (FIN 320)
2013 Biennial Ownership Report

Dear Ms. Dortch:

Transmitted herewith, in connection with the 2013 Biennial Ownership Report for station WSVS, Crewe, Virginia, are an FCC Form 159 and a check for \$60.00, the requisite filing fee for the above-referenced Biennial Ownership Report. The report was filed with the FCC electronically on Thursday, December 19, 2013 (FCC File Number 20131219AQY).

If any questions should arise during your consideration of this matter, it is respectfully requested that you communicate directly with this office.

Sincerely,

Elizabeth Spainhour
Counsel to Gee Communications, Inc.

EES/jh

Ms. Marlene H. Dortch
December 19, 2013
Page 2

bcc: Hope Epperson

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No 1 of 1

(1) LOCK BOX # 979089	SPECIAL USE ONLY	
		FCC USE ONLY
SECTION A - PAYER INFORMATION		
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Gee Communications, Inc.	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$60.00	
(4) STREET ADDRESS LINE NO. 1 P.O. Box 47		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Crewe	(7) STATE VA	(8) ZIP CODE 23930
(9) DAYTIME TELEPHONE NUMBER (include area code) 434-6457734	(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED		
(11) PAYER (FRN) 0004368296	(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(13) APPLICANT NAME GEE COMMUNICATIONS INC.		
(14) STREET ADDRESS LINE NO. 1 1032 MELODY LANE		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY CREWE	(17) STATE VA	(18) ZIP CODE 23930 -
(19) DAYTIME TELEPHONE NUMBER (include area code) 4346457400	(20) COUNTRY CODE (if not in U.S.A.) USA	
FCC REGISTRATION NUMBER (FRN) REQUIRED		
(21) APPLICANT (FRN) 0004368296	(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) CALL SIGN/OTHER ID WSVS	(24A) PAYMENT TYPE CODE MAR	(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) \$60.00	(27A) TOTAL FEE \$60.00	FCC USE ONLY
(28A) FCC CODE 1 320	(29A) FCC CODE 2 CDBS20131219AQY	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	
SECTION D - CERTIFICATION		
CERTIFICATION STATEMENT I, <u>Elizabeth Spink</u> , certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.		
SIGNATURE <u>Elizabeth A. Spink</u>		DATE <u>12/19/13</u>
SECTION E - CREDIT CARD PAYMENT INFORMATION		
MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____		
ACCOUNT NUMBER _____		EXPIRATION DATE _____
I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.		
SIGNATURE _____		DATE _____

FCC MB - CDBS Electronic Filing
Application Reference Number: 20131219AQY
Successfully filed at Dec 19 2013 10:31AM

A Fee Payment is Required for this application. The Total Fee is \$60.

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the [CDBS User's Guide](#) for more information about fee payment.

Payment must be received by US Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.

FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

FOR COMMISSION USE ONLY
FILE NO. -20131219AQY

Section I - General Information

1.	Legal Name of the Respondent GEE COMMUNICATIONS INC.	
	Street Address (1) 1032 MELODY LANE	
	Street Address (2)	
	City CREWE	State or Country (if Foreign address) VA
	Telephone Number (include area code) (434) 645-7400	ZIP Code 23930
	FCC Registration Number 0004368296	E-Mail Address (if available) Call Sign WSVS
		Facility ID Number 320
2.	Contact Representative ELIZABETH E. SPAINHOUR	Firm or Company Name BROOKS, PIERCE ET AL.
	Street Address (1) P.O. BOX 1800	
	Street Address (2)	
	City RALEIGH	State or Country (if Foreign address) NC
	Telephone Number (include area code) (919) 839-0300	ZIP Code 27602
		E-Mail Address (if available) ESPAINHOUR@BROOKSPIERCE.COM
3.	Nature of Respondent (See Instructions for Definitions)	
	<input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest	
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)	
5.	All the information furnished in this Report is accurate as of 10/1/2013. <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-Biennial Ownership Report).</i>	
6.	Purpose this Report is Filed for: (choose one)	
	a. <input checked="" type="radio"/> Biennial	
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)	
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit	
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.	
	e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license).	
	f. <input type="radio"/> Amendment to a previously filed Ownership Report File Number: -	
	If an Amendment submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	

[Exhibit 1]

7. License and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name:	Licensee's FCC Registration Number (FRN)
GEE COMMUNICATIONS INC.	0004368296

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
1.	WSVS	320	CREWE, VIRGINIA	AM Station

8. Respondent is:

Sole Proprietorship Not-for-profit corporation Limited partnership
 For-profit corporation General partnership Other
[Exhibit 2]

If "Other," describe nature of the Respondent in an Exhibit.

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

[Enter Contract Information]

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

Not Applicable

Capitalization Information

Copy	Class of Stock (preferred, common or other)	Voting or Non-Voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	5000	2500	0	2500

3.(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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interest Information

Copy 1.	Name	GEE COMMUNICATIONS INC.
	Address	Street 1032 MELODY LANE City/State CREWE, VIRGINIA Postal/ZIP Code 23930 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder

Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
FCC Registration Number	0004368296
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship US
Percentage of Votes	0%
Percentage of Equity	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 2.	Name	DAVID E. GEE
	Address	Street, 1032 MELODY LANE City/State CREWE, VIRGINIA Postal/ZIP Code 23930 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest

Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0023215130
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
Percentage of Votes	100%
Percentage of Equity	100%
Percentage of Total Assets (equity plus debt)	100%

(b) Respondent certifies that any equity and financial interests not reported in response to Question 3 Yes No (a) are non-attributable. [Exhibit 3]

If "No", submit as an Exhibit an explanation.

(c) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market as defined in 47 C.F.R. Section 73.3555? Yes No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special 'XML Spreadsheet' format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please [Click Here](#).

[Broadcast Information]

[Newspaper Information]

(d) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? Yes No

If "Yes", complete the information describing the Relationship.

[Enter Familial Information]

(e) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee? Yes No [Exhibit 4]

If "Yes", 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.

[Enter Attribution Exemption Information]

4. Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question. N/A

For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.

[Enter Respondent Interest Held Information]

5. Organizational Chart. **LICENSEES ONLY.** Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee. N/A [Exhibit 5]

Non-Licensee Respondents should select "N/A" in response to this question.

Section III - Certification

I certify that I am PRESIDENT
(Official Title)
of GEE COMMUNICATIONS INC.
(Exact Legal Title or Name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature DAVID E. GEE	Date 12-19-2013
Telephone Number of Respondent (Include area code) (434) 645-7400	

Exhibits



Electronic Form 159

Select a Payment Method

Choose an online payment method for your \$60.00 fee. Your Remittance ID is 2436473.

Pay from Bank Account
via US Treasury's Pay.Gov System

To pay via electronic debit from a checking or savings account, you must provide the Routing Number and Account Number.



Continue



Pay by Credit or Debit Card
via US Treasury's Pay.Gov System

Pay.gov accepts both credit and debit cards. * We accept Visa, MasterCard, American Express, and Discover credit cards. Debit cards processed through Visa or MasterCard are also accepted; these have the Visa or MasterCard logo on the card. ATM-only cards and debit cards from other processors are not accepted.



OR

Continue



Can't Pay Online? Print Form 159

- To pay by Wire, fax Form 159 to 314-418-4232 or 314-418-1045. [View complete instructions here.](#)
- To pay by check / money order, mail to:



Federal Communications Commission
P.O. Box 979089
St. Louis, MO 63197-9000

Continue

- More information about payment methods can be found at <http://www.fcc.gov/fees>



Payment Summary

Bill Number	Applicant FRN	Applicant Name	Call Sign	PTC	Amount	FCC Code 1	FCC Code 2
N/A	0004368296	GEE COMMUNICATIONS INC.	WSVS	MAR	\$60.00	320	CDBS20131219AQY
Total Amount Due :					\$60.00		

* The U.S. Treasury may reject Credit Card transactions greater than \$49,999.99. This limit includes multiple transactions on the same Credit Card totaling more than this limit in a single day. Reference: Treasury Announcement No. A-2012-02 (<http://fms.treas.gov/tfm/vol1/a-12-02.html>)

Customer Service

[FCC Fees](#)

[Web Policies / Privacy Policy](#)

[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No. 1 of 1

(1) LOCKBOX # 979089	SPECIAL USE ONLY	
FCC USE ONLY		
SECTION A - PAYER INFORMATION		
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) Gee Communications, Inc.	(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$60.00	
(4) STREET ADDRESS LINE NO. 1 P. O. Box 47		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Crewe	(7) STATE VA	(8) ZIP CODE 23930
(9) DAYTIME TELEPHONE NUMBER (include area code) 434-6457734	(10) COUNTRY CODE (if not in U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) REQUIRED		
(11) PAYER (FRN) 0004368296	(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(13) APPLICANT NAME GEE COMMUNICATIONS INC.		
(14) STREET ADDRESS LINE NO. 1 1032 MELODY LANE		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY CREWE	(17) STATE VA	(18) ZIP CODE 23930 -
(19) DAYTIME TELEPHONE NUMBER (include area code) 4346457400	(20) COUNTRY CODE (if not in U.S.A.) USA	
FCC REGISTRATION NUMBER (FRN) REQUIRED		
(21) APPLICANT (FRN) 0004368296	(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) CALL SIGN/OTHER ID WSVS	(24A) PAYMENT TYPE CODE MAR	(25A) QUANTITY 1
(26A) FEE DUE FOR (PTC) \$60.00	(27A) TOTAL FEE \$60.00	FCC USE ONLY
(28A) FCC CODE 1 320	(29A) FCC CODE 2 CDBS20131219AQY	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY
(28B) FCC CODE 1	(29B) FCC CODE 2	
SECTION D - CERTIFICATION		
CERTIFICATION STATEMENT I, <u>G. Elizabeth Spainhour</u> , certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.		
SIGNATURE <u>G. Elizabeth Spainhour</u>		DATE <u>12/19/13</u>
SECTION E - CREDIT CARD PAYMENT INFORMATION		
MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____		
ACCOUNT NUMBER _____		EXPIRATION DATE _____
I hereby authorize the FCC to charge my credit card for the service(s)/authorization herein described.		
SIGNATURE _____		DATE _____

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159

FEBRUARY 2003 (REVISED)