



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000038609** | Submit Date: **2018-01-09** | FRN: **0005015151**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/09/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0005015151	Christian Ministries, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
140 MAIN STREET	ESSEX JUNCTION	VT	05452-8310	+1 (802) 878-8885	SEAN@THELIGHTRADIO.NET

2. Contact Representative

Name	Organization
Joseph C. Chautin III	HARDY, CAREY, CHAUTIN & BALKIN, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1080 WEST CAUSEWAY APPROACH	Mandeville	LA	70471	+1 (985) 629-0777	jchautin@hardycarey.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2017 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
Christian Ministries, Inc.	0005015151

Fac. ID No.	Call Sign	City	State	Service
11084	WGLY-FM	BOLTON	VT	FM
11085	WCMD-FM	BARRE	VT	FM
11086	W243AE	ORLEANS	VT	FX
11095	WFTF	RUTLAND	VT	FM
11099	W220AX	LUDLOW	VT	FX
76054	WCKJ	ST. JOHNSBURY	VT	FM
82833	WGLV	WOODSTOCK	VT	FM
84028	W242AG	QUECHEE	VT	FX
88180	WCMK	PUTNEY	VT	FM
89943	W216CB	ASCUTNEY	VT	FX
154104	W293BR	MONTPELIER	VT	FX
154167	W235BE	BURLINGTON	VT	FX
172444	WGLG	SWANTON	VT	FM

Section II – Biennial Ownership Information

**1. 47 C.F.R.
Section 73.3613
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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information	
Description of contract or instrument	ARTICLES OF INCORPORATION
Parties to contract or instrument	STATE OF VERMONT
Date of execution	01/1983
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Entity Formation

Document Information	
Description of contract or instrument	CONSTITUTION AND BY LAWS
Parties to contract or instrument	BOARD OF DIRECTORS
Date of execution	01/1983
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Entity Organization

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, members of the governing board (or other governing entity), stockholders, 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	0005015151	
Entity Name	Christian Ministries, Inc.	
Address	PO Box	
	Street 1	140 MAIN STREET
	Street 2	
	City	ESSEX JUNCTION
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05452-8310
	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%
	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	9990118942
Name	Steve Austin

Address	PO Box	
	Street 1	16 HEATHERBUSH,
	Street 2	
	City	ESSEX JUNCTION
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05452
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Accountant	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990118944	
Name	Michael Murray	
Address	PO Box	
	Street 1	37 PINEHURST DRIVE,
	Street 2	
	City	JERICHO
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05465
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Pastor	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990118945	
Name	Rachel Stringer	
Address	PO Box	
	Street 1	91 WILLIAMS ROAD
	Street 2	
	City	COLCHESTER
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05446
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Registered Nurse	
By Whom Appointed or Elected	Board of Directors	
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	Voting	16.6%

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 that do not appear on this report?		No

Ownership Information		
FRN	9990118947	
Name	Colette Page	
Address	PO Box	
	Street 1	65 Mansfield Lane
	Street 2	
	City	Barre
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05641
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Administrator	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990118949	
Name	Rob Lotito	
Address	PO Box	
	Street 1	135 OLD HOMESTEAD HWY

	Street 2	
	City	Keene
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	03431
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Broker	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990118952	
Name	Brett Gale	
Address	PO Box	
	Street 1	215 Center St
	Street 2	
	City	Lyndon Center
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05850
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Insurance Agent	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	No
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3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

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

Licensee has no parent entity.

Section III - Certification

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: **President**
Exact Legal Title or Name of Respondent:
CHRISTIAN MINISTRIES, INC.
Name: **Steve Austin**
Phone: **8028788885**

01/09/2018