

#### (REFERENCE COPY - Not for submission)

FRN

0003768835

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

File Number: 0000041730Submit Date: 2018-02-09FRN: 0003768835Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 02/09/2018Filing Status: ActiveStatus: ActiveStatus Date: 02/09/2018

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

Good Karma Broadcasting, LLC

#### 1. Respondent

## Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non- U.S. address)	Zip Code	Phone	Email
310 W. Wisconsin Avenue Suite 100	Milwaukee	WI	53203	+1 (414) 209-3100	CKARMAZIN@GOODKARMABRANDS. COM

#### 2. Contact Representative

Name	Organization	
Nancy A. Ory, Esq.	Lerman Senter PLLC	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 429- 8970	nory@lermansenter. com

# 3. Application Filing Fee

Question	Response	
Is this application being submitted without a filing fee?	No	

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	9	95	\$630.00
				-	Total	\$630.00

# 4. Nature of Respondent

(a) Provide the fo	(a) Provide the following information about the Respondent:			
Relationship to s	stations/permits	Licensee		
Nature of Respon	ndent	Limited liability company		

(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
Good Karma Broadcasting, LLC	0003768835

Fac. ID No.	Call Sign	City	State	Service
4474	WXRO	BEAVER DAM	WI	FM
4475	WBEV	BEAVER DAM	WI	AM
4477	WTLX	MONONA	WI	FM
10824	WAUK	JACKSON	WI	АМ
24143	WUUB	JUPITER	FL	FM
28509	WKNR	CLEVELAND	ОН	АМ
35148	WEFL	TEQUESTA	FL	АМ
70659	WWGK	CLEVELAND	ОН	AM
71092	WTTN	COLUMBUS	WI	AM

### 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.

Document Information					
Description of contract or instrument	OPERATING AGREEMENT				
Parties to contract or instrument	STATE OF DELAWARE				
Date of execution	07/1997				
Date of expiration	No expiration date				
Agreement type (check all that apply)	Other Agreement Type: OPERATING AGREEMENT				

#### 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.

Jwnersnip information						
FRN	0003768835	0003768835				
Entity Name	Good Karma Broadcasting, Ll	Good Karma Broadcasting, LLC				
Address	PO Box					
	Street 1	310 W. Wisconsin Avenue				
	Street 2	Suite 100				
	City	Milwaukee				
	State ("NA" if non-U.S. address)	WI 53203				
	Zip/Postal Code					
	Country (if non-U.S. address)	United States				
Listing Type	Respondent					
Positional Interests (check all that apply)	Respondent	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			

#### Ownership Information

E	quity	0.0%	
	otal assets (Equity Debt lus)	0.0%	
Does interest holder have an att	more broadcast stations	No	

Ownership Information					
FRN	0019399807				
Name	Craig L. Karmazin				
Address	PO Box				
	Street 1	310 W. Wisconsin Avenue			
	Street 2	Suite 100			
	City	Milwaukee			
	State ("NA" if non-U.S. address)	WI			
	Zip/Postal Code	53203	53203		
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
<b>Positional Interests</b> (check all that apply)	Officer, LC/LLC/PLLC Member				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Male			
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	e White			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	67.7%			
	Total assets (Equity Debt Plus)	100.0%			
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?					

#### **Ownership Information**

that do not appear on this report?

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FRN	0021247101	
Name	STEVE Politziner	
Address	PO Box	
	Street 1	310 W. Wisconsin Avenue
	Street 2	Suite 100
	City	Milwaukee
	State ("NA" if non-U.S. address)	WI

	Zip/Postal Code	53203		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	10.1%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No	

#### **Ownership Information**

FRN	0021247077			
Name	Sharon Karmazin			
Address	PO Box			
	Street 1	310 W. Wisconsin Avenue		
	Street 2	Suite 100		
	City	Milwaukee		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	53203		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Race White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0% Jointly Held? No		
	Equity	10.1%		
	Total assets (Equity Debt	0.0%		

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Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information				
FRN	0021247135			
Name	SAM PINES			
Address	PO Box			
	Street 1	310 W. Wisconsin Avenue		
	Street 2 Suite 100			
	City			
	State ("NA" if non-U.S. WI address)			
	Zip/Postal Code	53203		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
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	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	3.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	No	

Jwnersnip Information			
FRN	0021247176		
Name	KEITH WILLIAMS		
Address	PO Box		
	Street 1	310 W. Wisconsin Avenue	
	Street 2	Suite 100	
	City	Milwaukee	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53203	

Ownership Information

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	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	3.0%	
	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?

from 0.0 to 100.0)

Equity

Plus)

**Total assets (Equity Debt** 

**Ownership Information** FRN 0021247184 Name TIM COLLIGAN Address **PO Box** Street 1 310 W. Wisconsin Avenue Street 2 Suite 100 City Milwaukee WI State ("NA" if non-U.S. address) 53203 **Zip/Postal Code** Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** LC/LLC/PLLC Member (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Male Information (Natural Persons Only) Not Hispanic or Latino Ethnicity White Race 0.0% **Jointly Held? Interest Percentages** Voting (enter percentage values No

3.0%

0.0%

Ownership Information				
FRN	0021247192			
Name	ERIC DAVIDSON			
Address	PO Box			
	Street 1	310 W. Wisconsin Avenue		
	Street 2	Suite 100		
	City	Milwaukee		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	53203		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
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	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	3.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an that do not appear on this re	n attributable interest in one o eport?	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) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?	No
If " <u>Yes</u> ," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.	

IOTE: Spreadsheets must be submitted in a special XML
Spreadsheet format with the appropriate structure that is
pecified in the documentation. For instructions on how to
se the spreadsheet option to complete this question
ncluding templates to start with), please Click Here.
using the subform, leave the percentage of total assets
Equity Debt Plus) field blank for an interest holder unless
nat interest holder has an attributable interest in the
ewspaper entity solely on the basis of the Commission's
quity Debt Plus attribution standard, 47 C.F.R. Section
3.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"
nto the percentage of total assets (Equity Debt Plus) field
or an interest holder unless that interest holder has an
ttributable interest in the newspaper entity solely on the
asis of the Commission's Equity Debt Plus attribution
tandard.
he Respondent must provide an FCC Registration Number
or each interest holder reported in response to this
uestion. Please see the Instructions for detailed information
nd guidance concerning this requirement.

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships				
FRN	0019399807	Name	Craig L Karmazin	
FRN	0021247077	Name	Sharon Karmazin	
Relationship	Parent/Child			

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

#### 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.

File Name	Uploaded By	Attachment Type	Description
Good Karma Organizational Chart.pdf	Applicant	Ownership Chart	Org Chart

### **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 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>Officer</b> Exact Legal Title or Name of Respondent: <b>Good Karma Broadcasting, LLC</b> Name: <b>Craig Karmazin</b> Phone: <b>4142093100</b> 02/09/2018