

(REFERENCE COPY - Not for submission)

FRN

Road Suite 250

0003743440

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000043378Submit Date:2018-02-23FRN:0003743440Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:02/23/2018Filing Status:Active

Section I - General Information

JAM Communications, Inc.

1. Respondent

Entity Name

Street	City (and Country if non U.	State ("NA" if pop-II	Zip		
Address	S. address)	State (NA II non-0. S. address)	Code	Phone	Email
245	Mishawaka	IN	46545	+1 (888)	ADILLE@FEDERATEDMEDIA
Edison				333-6133	СОМ

2. Contact Representative

Name	Organization
Nancy A. Ory	Lerman Senter PLLC

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 416- 6791	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	1	95	\$70.00
		·	,	1	Total	\$70.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	Licensee		
Nature of Respondent	For-profit corporation		

(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	
JAM Communications, Inc.	0003743440	

Fac. ID No.	Call Sign	City	State	Service
29859	WQHK-FM	HUNTERTOWN	IN	FM

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	ARTICLES OF INCORPORATION			
Parties to contract or instrument	STATE OF INDIANA			
Date of execution	11/1992			
Date of expiration	No expiration date			
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION			

Document Information

Description of contract or instrument	BYLAWS
Parties to contract or instrument	STATE OF INDIANA
Date of execution	11/1992
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BYLAWS

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	0003743440			
Entity Name	JAM Communications, Inc.			
Address	PO Box			
	Street 1	245 Edison Road		
	Street 2	Suite 250		
	City	Mishawaka		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46545		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or TribalInterest holder is not a Tribal rEntity		ation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		

Ownership Information

	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?

FRN	0019343177			
Name	John, III F. Dille	John, III F. Dille		
Address	PO Box	PO Box		
	Street 1	245 EDISON ROAD		
	Street 2	SUITE 250	SUITE 250	
	City	MISHAWAKA		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46545		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
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	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	5.0%		
	Total assets (Equity Debt Plus)	0.0%		

Ownership Information

FRN	0019343052	
Name	Alec C. Dille	
Address	PO Box	
	Street 1	245 EDISON ROAD
	Street 2	SUITE 250
	City	MISHAWAKA
	State ("NA" if non-U.S. address)	IN

	Zip/Postal Code	46454		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
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	17.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	39.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have	an attributable interest in one o	or more broadcast stations	Yes	

that do not appear on this report?

Ownership Information				
FRN	0019343144			
Name	John, IV F. Dille			
Address	PO Box	PO Box		
	Street 1	245 EDISON ROAD		
	Street 2	SUITE 250	SUITE 250	
	City	MISHAWAKA		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46545		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
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	17.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	28.0%	,	

	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an	attributable interest in one or	more broadcast stations	Yes

that do not appear on this report?

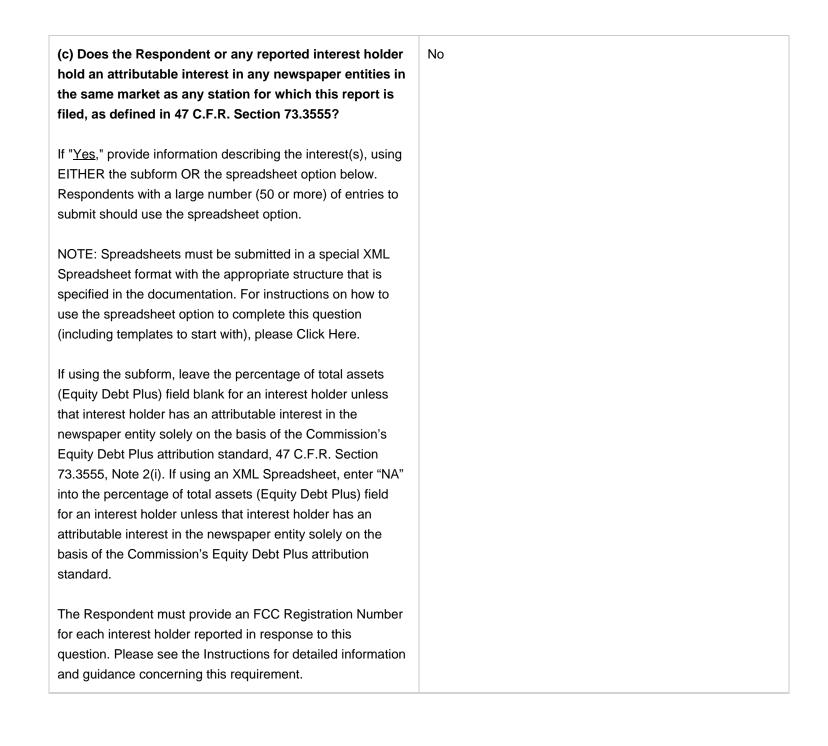
FRN	0019343110		
Name	Sarah D. Erlacher		
Address	PO Box		
	Street 1	245 EDISON ROAD	
	Street 2	SUITE 250	
	City	MISHAWAKA	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	35545	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	17.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	28.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information

FRN	9990123957	
Name	John F. LaPehn	
Address	PO Box	
-	Street 1	245 EDISON ROAD
	Street 2	SUITE 250
	City	MISHAWAKA
	State ("NA" if non-U.S. address)	IN

	Zip/Postal Code	46545	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender, Ethnicity, and Race	Citizenship	US	
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	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?		Yes	
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.			Yes

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



(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	0019343177	Name	John, III F Dille
FRN	0019343052	Name	Alec C Dille
Relationship	Parent/Child		

Family Relationships

FRN	0019343177	Name	John, III F Dille
FRN	0019343144	Name	John, IV F Dille
Relationship	Parent/Child		

Family Relationships

FRN	0019343177	Name	John, III F Dille
FRN	0019343110	Name	Sarah D Erlacher
Relationship	Parent/Child		

Family Relationships			
FRN	0019343110	Name	Sarah D Erlacher
FRN	0019343052	Name	Alec C Dille
Relationship	Siblings		

Family Relationships

FRN	0019343144	Name	John, IV F Dille
FRN	0019343052	Name	Alec C Dille
Relationship	Siblings		

Family Relationships

FRN	0019343110	Name	Sarah D Erlacher
FRN	0019343144	Name	John, IV F Dille
Relationship	Siblings		

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

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)

Certification

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
JAM Communications Organizational Chart.pdf	Applicant	Ownership Chart	Organizational Chart

Section III - 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: President Exact Legal Title or Name of Respondent: JAM Communications, Inc. Name: John F. Dille , III. Phone: 8883336133 02/23/2018