

(REFERENCE COPY - Not for submission)

FRN

0019787936

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000047903 Submit Date: 2018-03-05 FRN: 0019787936 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 03/05/2018 Filing Status: Active

Section I - General Information

1. Respondent

Entity Name

Jacob Capital, LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
150 North Riverside	Chicago	IL	60606	+1 (312) 701- 1777	szemnick@vpcadvisors com
Plaza Suite 5200					

2. Contact Representative

Name	Organization
David G. O'Neil, Esq.	Rini O'Neil, PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 New Hampshire Avenue, NW Suite 600	Washington	DC	20036	+1 (202) 955-3931	doneil@rinioneil.com

3. Application

Not Applicable

Filing Fee

4.	Nature of	
Re	espondent	

(a) Provide the following information about the Responder	ıt:
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	Limited liability company

(b) Provide the following information about this report: Biennial Purpose "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		
SATV 10, LLC			0014	562839	
Fac. ID No.	Coll Sign	City		Stata	Service
Fac. ID NO.	Call Sign	City		State	Service
55762	ΚΥνν-τν	DEL RIO		тх	DTV
Licensee/Permittee Name			FRN		
Cranston Acquisition LLC			0016	6172108	
Fac. ID No.	Call Sign	City		State	Service
41237	КМСС	LAUGHLIN		NV	DTV

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	contracts and other instruments report. In addition, attributable Lo disclosed by the licensee of the l attributable JSA, or a network af	set forth in 47 C.F.R. Section 73 ocal Marketing Agreements (LM/ brokering station on its ownershi filiation agreement, check the ap se Respondents that only hold a	ull power television, AM, and/or FM stations should list all .3613(a) through (c) for the facility or facilities listed on this As) and attributable Joint Sales Agreements (JSAs) must be p report. If the agreement is an attributable LMA, an propriate box. Otherwise, select "Other." Non-Licensee uthorizations for Class A television and/or low power television on.
2. Ownership Interests	generating a series of subforms. itself. If the Respondent is not a non-insulated members, and any standards set forth in 47 C.F.R. 3 or entities.) List each interest hol 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	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inter der with a direct attributable inter sets (Equity Debt Plus) field blar ondent solely on the basis of the ownership structures, list only the see(s) for which the report is bein izational structure that includes h uch a structure do not report, or ensee(s) for which the report is be urther detail concerning interests n FCC Registration Number for e	nolding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted. that must be reported in response to this question.
	Ownership Information		
	FRN	0019787936	
	Entity Name	Jacob Capital, LLC	
	Address	PO Box	
		Street 1	150 North Riverside Plaza
		Street 2	Suite 5200

	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60606	
	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 that do not appear on this	an attributable interest in one c	or more broadcast stations	No

Ownership Information

FRN	0019811850		
Name	Richard Levy		
Address	PO Box		
	Street 1	150 North Riverside Plaza	
	Street 2	Suite 5200	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60606	
	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	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)	0.0%	
Does interest holder have ar that do not appear on this re	n attributable interest in one of port?	r more broadcast stations	No
(b) Pospondont cortifies the	any interests including equi	w financial or voting	Vos

(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?
If "Yes," 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.
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.
If using the subform, 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
newspaper entity solely on the basis of the Commission's
Equity Debt Plus attribution standard, 47 C.F.R. Section
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"
into the percentage of total assets (Equity Debt Plus) field
for an interest holder unless that interest holder has an
attributable interest in the newspaper entity solely on the
basis of the Commission's Equity Debt Plus attribution
standard.
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.

(d) 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.

(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.	

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: Authorized Signatory Exact Legal Title or Name of Respondent: Jacob Capital, LLC Name: Scott R. Zemnick Phone: 3127011777 03/03/2018