

(REFERENCE COPY - Not for submission)

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

File Number: 0000059374 Submit Date: 2018-09-04 FRN: 0021868559

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report Status: Received Status Date:

09/04/2018 Filing Status: Active

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

### 1. Respondent

FRN	Entity Name
0021868559	Lake Erie College of Osteopathic Medicine

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1858 West Grandview Boulevard	Erie	PA	16509	+1 (814) 860- 5101	asusmarski@lecom. edu

# 2. Contact Representative

Name		Organization	
	David A. O'Connor, Esq.	Wilkinson Barker Knauer, LLP	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, N.W. Suite 800N	Washington	DC	20036	+1 (202) 783-4141	doconnor@wbklaw.com

# 3. Application Filing Fee

Not Applicable

# 4. Control of Respondent

(a) Provide the following information		
Relationship to stations/permits	Licensee	
Is the Respondent's governing boaindirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No

# (b) Provide the following information about this report: Purpose Transfer of control or assignment of license/permit "As of" date 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) /Permittees(s) and Station(s) /Permit(s)

#### Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee Name	FRN	
Lake Erie College of Osteopathic Medicine	0021868559	

Fac. ID No.	Call Sign	City	State	Service
41215	WMCE-FM	ERIE	PA	FM

### **Section II – Non-Biennial Ownership Information**

### 1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Bylaws, As Amended	
Parties to contract or instrument	Lake Erie College of Osteopathic Medicine, Inc.	
Date of execution	03/2017	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Bylaws, As Amended	

Document Information			
Description of contract or instrument	Management Agreement		
Parties to contract or instrument	Licensee and JAS Management, LLC		
Date of execution	09/2018		
Date of expiration	08/2021		
Agreement type (check all that apply)	Other  Agreement Type: Management 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, 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) or Permittee(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) or Permittee(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	0021868559	0021868559		
Entity Name	Lake Erie College of Osteopa	thic Medicine		
Address PO Box				
	Street 1	1858 West Grandview Boulevard		
	Street 2			
	City	Erie		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	16509		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)  Total assets (Equity Debt 0.0% Plus)				
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?				

Ownership Information			
FRN	9990134941		
Name	Mary L. Eckert		
Address	РО Вох		
	Street 1	5515 Peach Street	
	Street 2		
	City	Erie	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	16509	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Education  Board  Voting 7.7%		
By Whom Appointed or Elected			
Interest Percentages			

(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information					
FRN	9990134942	9990134942			
Name	Michael J. Feinstein	Michael J. Feinstein			
Address	РО Вох				
	Street 1	1100 Adella Avenue, #26			
	Street 2				
	City	Coronado			
	State ("NA" if non-U.S. address)				
	Zip/Postal Code 92118				
	Country (if non-U.S. United States address)				
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)				
Principal Profession or Occupation	Education	Education			
By Whom Appointed or Elected	Board	Board			
Interest Percentages	Voting	7.7%			
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)				
	Does interest holder have an attributable interest in one or more broadcast stations  No that do not appear on this report?				

Ownership Information			
FRN	9990134943		
Name	John M. Ferretti		
Address	РО Вох	PO Box	
	Street 1	1858 West Grandview Boulevard	
	Street 2		
	City	Erie	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	16509	
	Country (if non-U.S. United States address)		

Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Education	Education		
By Whom Appointed or Elected	Board	Board		
Interest Percentages	Voting	7.7%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations  No that do not appear on this report?				

Ownership Information				
FRN	9990134944			
Name	Silvia M. Ferretti	Silvia M. Ferretti		
Address	PO Box			
	Street 1	1858 West Grandview Boulevard		
	Street 2			
	City	Erie		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code 16509			
	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	Education			
By Whom Appointed or Elected	Board	Board		
Interest Percentages	Voting	7.7%		
(enter percentage values from 0.0 to 100.0)  Total assets (Equity Debt Plus)				
Does interest holder have a that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations No		

Ownership Information			
FRN	9990134945		
Name	Suzanne K. Kelley		
Address	PO Box		
	Street 1	4295 Mayrland Court	

	Street 2			
	City	Harrisburg		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	17112		
	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	Education			
By Whom Appointed or Elected	Board	Board		
Interest Percentages	Voting	7.7%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one or report?	r more broadcast stations	No	

Ownership Information			
FRN	9990134946		
Name	John M. Magenau, III		
Address	РО Вох		
	Street 1	7775 Admiral Drive	
	Street 2		
	City	Fairview	
	State ("NA" if non-U.S. PA address)		
	Zip/Postal Code	16415	
	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	Education		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting 7.7%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)		

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

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Ownership Information				
FRN	9990134947	9990134947		
Name	Joan L. Moore	Joan L. Moore		
Address	PO Box			
	Street 1	Route 1, PO Box 97, Anthony Creek Road		
	Street 2			
	City	Frankford		
	State ("NA" if non-U.S. address)	WV		
	Zip/Postal Code	24938		
	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	Education	Education		
By Whom Appointed or Elected	Board	Board		
Interest Percentages	Voting	7.7%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)			
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations No		

Ownership Information	on				
FRN	9990134948	9990134948			
Name	Marlene D. Mosco				
Address	РО Вох				
	Street 1	3806 Beech Avenue			
	Street 2				
	City	City Erie			
	State ("NA" if non-U.S. address)				
	Zip/Postal Code	16508			
	Country (if non-U.S. address)				
Listing Type	Other Interest Holder	Other Interest Holder			

Positional Interests (check all that apply)	Member of Governing Board	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Education	Education		
By Whom Appointed or Elected	Board			
Interest Percentages	Voting	7.7%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations  No that do not appear on this report?				

Ownership Information			
FRN	9990134949		
Name	Richard P. Olinger	Richard P. Olinger	
Address	PO Box		
	Street 1	5515 Peach Street	
	Street 2		
	City	Erie	
	State ("NA" if non-U.S. PA address)		
	Zip/Postal Code 16509		
	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	Education		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting	7.7%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)		
	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?		

Ownership Information		
FRN	9990134950	
Name	Nancy Peaden	
Address	PO Box 1239	
	Street 1	
	Street 2	

	City	Crestview	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32536	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Education		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting 7.7%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990134951		
Name	Dennis Styn		
Address	РО Вох		
	Street 1	One Lecom Place	
	Street 2		
	City	Erie	
	State ("NA" if non-U.S. PA address)		
	Zip/Postal Code	16505	
	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	Education		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting	7.7%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)		
	Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		

Ownership Information			
FRN	9990134952		
Name	Michael Visnosky		
Address	PO Box		
	Street 1	One Lecom Place	
	Street 2		
	City	City Erie	
	State ("NA" if non-U.S. PA address)		
	Zip/Postal Code 16505		
	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	Education		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting 7.7%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	9990134953	
Name	Thomas J. Wedzik	
Address	PO Box	
	Street 1 108 Del Sol Avenue	
	Street 2	
	<b>City</b> Davenport	
	State ("NA" if non-U.S. FL address)	
	Zip/Postal Code 33837	
	Country (if non-U.S. United States address)	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Education		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting	7.7%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)		
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

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

### 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>President</b> Exact Legal Title or Name of Respondent: <b>Lake Erie College of Osteopathic Medicine, Inc.</b> Name: <b>John M Ferretti</b> Phone: <b>8148605101</b>