



(REFERENCE COPY - Not for submission)

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

File Number: 0000093056 | Submit Date: 2019-12-10 | FRN: 0021868559

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 12/10/2019

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0021868559		Lake Erie College of Osteopathic Medicine, Inc.			

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 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	10/01/2019 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
Lake Erie College of Osteopathic Medicine, Inc.	0021868559

Fac. ID No.	Call Sign	City	State	Service
27663	WSRQ	SARASOTA	FL	AM
41215	WMCE-FM	ERIE	PA	FM
64699	WSRQ-FM	ZOLFO SPRINGS	FL	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	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

Document Information	
Description of contract or instrument	Amended and Restated Articles of Incorporation
Parties to contract or instrument	Lake Erie College of Osteopathic Medicine, Inc.
Date of execution	01/1993
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation

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	0021868559	
Entity Name	Lake Erie College of Osteopathic Medicine, Inc.	
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	
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	9990134941	
Name	Mary L. Eckert	
Address	PO Box	

	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 (or other governing entity)		
Principal Profession or Occupation	Education		
By Whom Appointed or Elected	Board		
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	9.1%	
	Equity	0.0%	
	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	9990134943	
Name	John 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		
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	9.1%	
	Equity	0.0%	
	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	9990134944	
Name	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	
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	9.1%
	Equity	0.0%
	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	9990134945	
Name	Suzanne K. Kelley	
Address	PO Box	
	Street 1	4295 Maryland 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	
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	9.1%
	Equity	0.0%
	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	9990134946	
Name	John M. Magenau, III	
Address	PO Box	
	Street 1	7775 Admiral Drive
	Street 2	
	City	Fairview

	State ("NA" if non-U.S. address)	PA	
	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		
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	9.1%	
	Equity	0.0%	
	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	9990134947	
Name	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	
By Whom Appointed or Elected	Board	

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	9.1%
	Equity	0.0%
	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	9990134948	
Name	Marlene D. Mosco	
Address	PO Box	
	Street 1	3806 Beech Avenue
	Street 2	
	City	Erie
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	16508
	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	
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	9.1%
	Equity	0.0%
	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

FRN	9990134949	
Name	Richard P. Olinger	
Address	PO Box	
	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)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Education	
By Whom Appointed or Elected	Board	
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	9.1%
	Equity	0.0%
	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	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		
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		
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	9.1%	
	Equity	0.0%	
	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	9990134951	
Name	Dennis Styn	
Address	PO Box	
	Street 1	One LECOM Place
	Street 2	
	City	Erie
	State ("NA" if non-U.S. address)	PA
	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	
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	9.1%
	Equity	0.0%
	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
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Ownership Information		
FRN	9990134952	
Name	Michael Visnosky	
Address	PO Box	
	Street 1	One LECOM Place
	Street 2	
	City	Erie
	State ("NA" if non-U.S. address)	PA
	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	
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	0.0%
	Equity	0.0%
	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
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Ownership Information		
FRN	9990134953	
Name	Thomas J. Wedzik	
Address	PO Box	
	Street 1	108 Del Sol Avenue

	Street 2	
	City	Davenport
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33837
	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	
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	9.1%
	Equity	0.0%
	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)? 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

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 does not have any parent entities with attributable interests. Therefore, a flowchart is unnecessary. Additionally, this ownership report also constitutes a post-consummation ownership report for BALH-20190802AAS, WSRQ-FM, Zolfo Springs, FL.

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: Lake Erie College of Osteopathic Medicine, Inc. Name: John M. Ferretti Phone: 8148605101 12/10/2019