Response

No



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000100106
 Submit Date:
 2020-01-24
 FRN:
 0004327441

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/24/2020

 Filing Status:
 Active
 Status:
 Status Date:
 01/24/2020

Section I - General Information

1. Respondent

FRN	Entity Name
0004327441	Jasper on the Air, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1978 S. WITZ Rd.	Jasper	IN	47546	+1 (812) 482- 2131	gkuntz@witzamfm. com

2. Contact Representative

Name	Organization
Dan J. Alpert	The Law Office of Dan J. Alpert

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2120 21st Rd. N	Arlington	VA	22201	+1 (703) 243-8690	dja@commlaw.tv

3. Application Filing Fee

Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	3	95	\$210.00
		·	•	•	Total	\$210.00

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	10/01/2019
	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
Jasper on the Air, Inc.	0004327441

Fac. ID No.	Call Sign	City	State	Service
15906	WQKZ	FERDINAND	IN	FM
30583	WITZ	JASPER	IN	АМ
30584	WITZ-FM	JASPER	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	06/1947	
Date of expiration	No expiration date	

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.

Entity Name Jaspa Address PO B Stree City State addre Zip/P Court	et 1	1978 S. WITZ Rd.			
Address PO B Stree City State addre Zip/P Coun	Box et 1	1978 S. WITZ Rd.			
Stree Stree City State addre Zip/P Coun	et 1	1978 S. WITZ Rd.			
Stree City State addre Zip/P Coun		1978 S. WITZ Rd.			
City State addre Zip/P Coun	et 2				
State addre Zip/P Coun					
addre Zip/P Coun		Jasper			
Coun	State ("NA" if non-U.S. IN address)				
	ostal Code	47546			
	Country (if non-U.S. United address)		United States		
Listing Type Resp	Respondent				
Positional InterestsResp(check all that apply)	Respondent				
Tribal Nation or Tribal Intere	Interest holder is not a Tribal nation or Tribal entity				
Interest Percentages Votin (enter percentage values	ıg	0.0%	Jointly Held? No		
from 0.0 to 100.0)	ty	0.0%			
Total Plus)	assets (Equity Debt	0.0%			
Does interest holder have an attribution that do not appear on this report?	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information

FRN	0019898972		
Name	MARY JANE EDDIE		
Address	PO Box		
	Street 1	116 Cherokee Park	
	Street 2		
	City	Lexington	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40503	
	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 from 0.0 to 100.0)	Voting	11.1% Jointly Held? No	
	Equity	11.1%	
	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

Ownership Information

FRN	0019899004	
Name	KAY A. SULLIVAN	
Address	PO Box	
	Street 1	P.O. Box 290
	Street 2	State Rd. 59 S
	City	Linton
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	47441
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Director, Stockholder	

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	Voting	17.2%	Jointly Held? No
from 0.0 to 100.0)	Equity	17.2%	
	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	0019898964		
Name	LOUIS O. MITZLAFF, II.	LOUIS O. MITZLAFF, II.	
Address	PO Box		
	Street 1	4149 Via Aragon	
	Street 2		
	City	North Fort Myers	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33903	
	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 from 0.0 to 100.0)	Voting	11.1% Jointly Held? No	
	Equity	11.1%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	No

 Ownership Information

 FRN
 0027256775

 Entity Name
 G. Earl Metzger Family Trust

Address	PO Box		
	Street 1	1337 Arbor Creek Dr.	
	Street 2		
	City	Rochester Hill	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	48306	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	33.3%	Jointly Held? No
from 0.0 to 100.0)	Equity	33.3%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an that do not appear on this re	n attributable interest in one of eport?	r more broadcast stations	No

Ownership Information			
FRN	2130003946	2130003946	
Name	Nick Metzger		
Address	PO Box		
	Street 1	1337 Arbor Creek Dr.	
	Street 2		
	City	Rochester Hill	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48306	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Director	Officer, Director	
Citizenship, Gender,	Citizenship	Citizenship US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	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	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

Ownership Information			
FRN	2130013812		
Name	Karen Mitzlaff		
Address	PO Box		
	Street 1	6533 Villa Springs Dr.	
	Street 2		
	City	Louisville	
	State ("NA" if non-U.S. address)	КҮ	
	Zip/Postal Code	40291	
	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	11.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	11.1%	
	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

Ownership Information

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FRN	2130013820	
Name	Deloris E. Ax	
Address	PO Box	
	Street 1	2205 Mayfield Oaks Pl
	Street 2	
	City	Sun City Center

	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33573	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder	Stockholder	
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	16.2%	Jointly Held? No
from 0.0 to 100.0)	Equity	16.2%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

(b) Respondent certifies that	any interests, including equity, financial, or voting	Yes
interests, not reported in this	s 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	No
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.	

(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	0019898964	Name	LOUIS O MITZLAFF , II .	
FRN	0019898972	Name	MARY JANE EDDIE	
Relationship	Siblings			

(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.

no vertical ownership

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: President Exact Legal Title or Name of Respondent: Jasper on the Air, Inc. Name: Louis O Mitzlaff , II. Phone: 2398393258 01/24/2020