



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000176180** | Submit Date: **2021-12-01** | FRN: **0007171432**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **12/01/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0031693559	Fisher Survivor's Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
4633 Signature Dr.	Middleton	WI	53562	+1 (202) 783-4141	doxenford@wbklaw.com

2. Contact Representative

Name	Organization
David D. Oxenford	Wilkinson Barker Knauer, LLP

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

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:	
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	Other Trust

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2021 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
WSJM, Inc.	0007171432

Fac. ID No.	Call Sign	City	State	Service
12999	WZOC	PLYMOUTH	IN	FM
14011	DWCSY	SOUTH HAVEN	MI	AM
14012	WCXT	HARTFORD	MI	FM
17734	WYZZ	BRIDGMAN	MI	FM
57954	WCSY-FM	SOUTH HAVEN	MI	FM
72175	WQLQ	BENTON HARBOR	MI	FM
73984	WNSN	SOUTH BEND	IN	FM
73985	WSBT	SOUTH BEND	IN	AM
74004	WQYQ	ST. JOSEPH	MI	AM
74005	WIRX	ST. JOSEPH	MI	FM
74006	WSJM-FM	BENTON HARBOR	MI	FM

Licensee/Permittee Name	FRN
Long Nine, Inc.	0002807469

Fac. ID No.	Call Sign	City	State	Service
16408	WDKB	DEKALB	IL	FM
38346	WMAY-FM	TAYLORVILLE	IL	FM
38347	WNNS	SPRINGFIELD	IL	FM
38348	WMAY	SPRINGFIELD	IL	AM
56229	WQLZ	PETERSBURG	IL	FM

Licensee/Permittee Name	FRN
MID-WEST MANAGEMENT	0002714095

Fac. ID No.	Call Sign	City	State	Service
671	WNTA	ROCKFORD	IL	AM
672	WXRX	BELVIDERE	IL	FM
1130	WISM-FM	ALTOONA	WI	FM
7062	WAYY	EAU CLAIRE	WI	AM
7063	WIAL	ELK MOUND	WI	FM
9865	WEAQ	CHIPPEWA FALLS	WI	AM
9866	WAXX	EAU CLAIRE	WI	FM
19622	WHIT	MADISON	WI	AM

19623	WWQM-FM	MIDDLETON	WI	FM
39625	WBKY	PORTAGE	WI	FM
41900	WMGN	MADISON	WI	FM
41901	WLMV	MADISON	WI	AM
59620	WRTB	WINNEBAGO	IL	FM
64011	WECL	LAKE HALLIE	WI	FM
73142	WJJO	WATERTOWN	WI	FM
73975	WGFB	ROCKTON	IL	FM
78226	WJQM	DE FOREST	WI	FM
82292	WGNW	CORNELL	WI	FM
87154	WOZN	MADISON	WI	AM
89056	WRIS-FM	MOUNT HOREB	WI	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.

Not Applicable.

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	0031693559	
Entity Name	Fisher Survivor's Trust	
Address	PO Box	
	Street 1	4633 Signature Dr.

	Street 2		
	City	Middleton	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53562	
	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%	Jointly Held? No
	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	9990148213		
Name	Janice Fisher		
Address	PO Box		
	Street 1	4633 Signature Dr.	
	Street 2		
	City	Middleton	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	53562	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
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	100.0%	Jointly Held? No

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

<p>(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?</p> <p>If "<u>Yes</u>," 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	No
---	----

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If " <u>Yes</u> ," provide the following information for each such the relationship.	No
---	----

(e) Is Respondent seeking an attribution exemption for any officer or director with 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.	No
---	----

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: Trustee Exact Legal Title or Name of Respondent: Fisher Survivor's Trust Name: Janice Fisher Phone: 6084413600 12/01/2021