

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000045604Submit Date:2018-03-01FRN:0023310824Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:03/01/2018Filing Status:Active

Section I - General Information

1. Respondent

RN E	Entity Name
003768959	Quinn Broadcasting Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
415 North High Street	Millville	NJ	08332	+1 (856) 327-8800	JamesQuinn121245@gmail. com

2. Contact Representative

Name	Organization	
Kathleen A. Kirby, Esq.	Wiley Rein LLP	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776 K Street, N.W.	Washington	DC	20006	+1 (202) 719-3360	kkirby@wileyrein.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	For-profit corporation

(b) Provide the following information about this report:

Purpose	Biennial
"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.

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

Licensee/Permittee Name FRN					
Quinn Communications and Marketing, LLC 0023310824					
Fac. ID No.	Call Sign	City	State	Service	
12212	WSNJ	BRIDGETON	NJ	AM	

Section II – Biennial Ownership Information

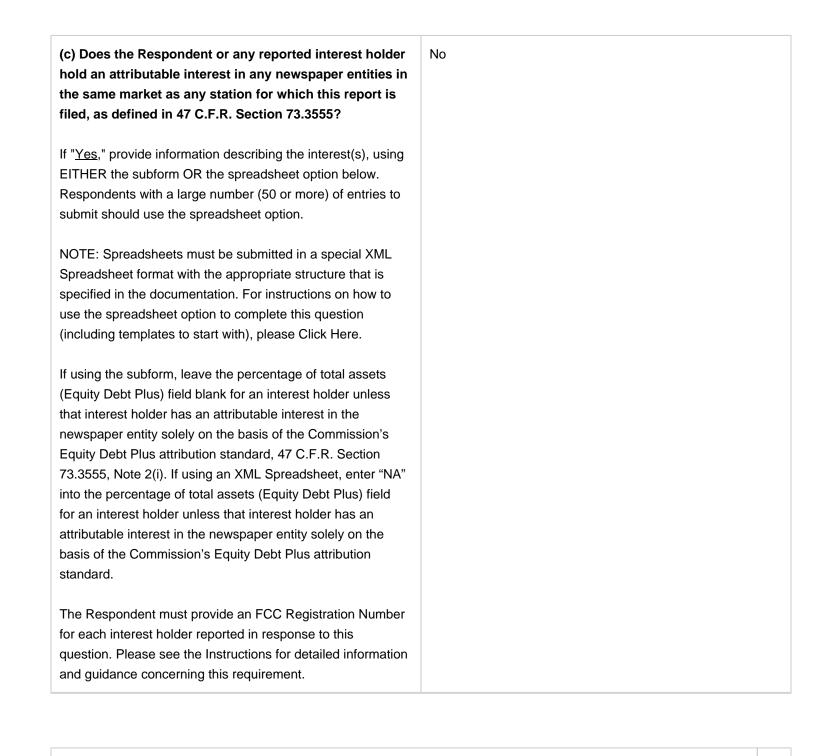
1. 47 C.F.R. Section 73.3613 and Other Documents	Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this 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 that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.		
2. Ownership Interests (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests b generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Re- itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated part non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening com 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 attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 4 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 ar 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 separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does 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 questip Please see the lnstructions for detailed infor			
	Ownership Information FRN 0003768959		
	Entity Name	Quinn Broadcasting Inc.	
	Address	PO Box	
		Street 1	415 North High Street
		Street 2	
		City	Millville
		State ("NA" if non-U.S. address)	NJ
		Zip/Postal Code	08332
		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 that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No	

Ownership Information FRN 9990132046 Name James F. Quinn Address **PO Box** 415 North High Street Street 1 Street 2 City Millville State ("NA" if non-U.S. NJ address) **Zip/Postal Code** 08332 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Officer, Director, Stockholder (check all that apply) Citizenship, Gender, US Citizenship Ethnicity, and Race Gender Male **Information (Natural** Persons Only) Not Hispanic or Latino Ethnicity White Race **Interest Percentages** Voting 100.0% **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 100.0% **Total assets (Equity Debt** Plus) Does interest holder have an attributable interest in one or more broadcast stations No

(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.

that do not appear on this report?



(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 withNoduties 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.

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: Quinn Broadcasting Inc. Name: James F. Quinn Phone: 8563273360 03/01/2018