

FRN

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

 File Number:
 0000097684
 Submit Date:
 2020-01-15
 FRN:
 0028681823

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

 01/15/2020
 Filing Status:
 Active
 Status:
 Status:
 Status:

Section I - General Information

1. Respondent

Entity Name

0028681823	Cloessner News and Broadcasting LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 188	Jonesville	LA	71343	+1 (318) 339- 8797	dclossener@yahoo. com

2. Contact Representative

Larry D. Perry, Esq. Attorney	Name	Organization
	Larry D. Perry, Esq.	Attorney

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
11464 Saga Lane Suite 400	KNOXVILLE	TN	37931-2819	+1 (865) 927-8474	larryperry@att.net

3. Application Filing Fee Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits Licensee				
Nature of Respondent Limited liability company				
(b) Provide the following information about this report:				

(b) Provide the following information about this report:		
Purpose	Report filed by Permittee in conjunction with Permittee's application for a station license	
"As of" date	01/15/2020	
	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.	

Licensee/Permittee Name			FRN		
Cloessner News and Broadcasting LLC			0028681	0028681823	
Fac. ID No.	Call Sign	City	State	Service	
37785	KJNA-FM	JENA	LA	FM	

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	through (c) for the facility or facil attributable Joint Sales Agreeme the agreement is an attributable	ts should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) lities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and ents (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. I a LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Licensee/Permittee Respondents should select "Not Applicable" in response to this question.		
2. Ownership Interests	generating a series of subforms, itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R.	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inter	enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies erest in the Respondent separately.	
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.	
	In the case of vertical or indirect attributable interest in the Licens		nose interests in the Respondent that also represent an he 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 a Please see the Instructions for d	-	each interest holder reported in response to this question. e concerning this requirement.	
	Ownership Information			
	FRN	0028681823		
	Entity Name	Cloessner News and Broadcas	sting LLC	
	Address	PO Box	188	
		Street 1		
		Street 2		
		City	Jonesville	
		State ("NA" if non-U.S. address)	LA	
		Zip/Postal Code	71343	
		Country (if non-U.S. address)	United States	
	Listing Type	Respondent		
	Positional Interests (check all that apply)	Respondent		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0% Jointly Held? No		
	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	9990136136			
Name	Kim Cloessner			
Address	PO Box 188			
	Street 1			
	Street 2			
	City	Jonesville		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code	71343		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, LC/LLC/PLLC	C Member, Attributable Investor		
Interest Percentages (enter percentage values	Voting 100.0%		Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt100.0%Plus)			
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				
(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.				



(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 with No 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.

Certificatio	n

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: Managing Member Exact Legal Title or Name of Respondent: Managing Member Name: Kim Cloessner Phone: 3183398797 01/15/2020