



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000163204** | Submit Date: **2021-10-07** | FRN: **0028844165**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/07/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0028844165	KMALAND Broadcasting, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
619 W. Sheridan Avenue	Shenandoah	IA	51601	+1 (712) 246-3455	shansen@kmland.com

2. Contact Representative

Name	Organization
Barry Friedman	Thompson Hine LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
Suite 700 1919 M Street, N.W.	Washington	DC	20036	+1 (202) 331-8800	barry.friedman@thompsonhine.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	2	95	\$170.00
				Total	\$170.00

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:	
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
KMALAND Broadcasting, LLC	0028844165

Fac. ID No.	Call Sign	City	State	Service
35106	KMA-FM	CLARINDA	IA	FM
35107	KMA	SHENANDOAH	IA	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, 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 Formation
Parties to contract or instrument	State of Iowa
Date of execution	09/2019
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate charter document.

Document Information	
Description of contract or instrument	Operating Agreement
Parties to contract or instrument	Members of LLC
Date of execution	09/2019
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Contractual Understanding among Members of LLC

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	0028844165		
Entity Name	KMALAND Broadcasting, LLC		
Address	PO Box		
	Street 1	619 W. Sheridan Avenue	
	Street 2		
	City	Shenandoah	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51601	
	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)	Voting	0.0%	Jointly Held? No

from 0.0 to 100.0)	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	0029076148		
Name	Jake McGargill		
Address	PO Box		
	Street 1	1550 400th Avenue	
	Street 2		
	City	Imogene	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51645	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Member of Board of Managers		
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	10.0%	Jointly Held? No
	Equity	10.0%	
	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	0029076163		
Name	Pam McGargill		
Address	PO Box		
	Street 1	1550 400th Avenue	
	Street 2		
	City	Imogene	

	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51645	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	10.0%	Jointly Held? No
	Equity	10.0%	
	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	0029076171		
Name	James Doyle		
Address	PO Box		
	Street 1	3511 150th Street	
	Street 2		
	City	Randolph	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51649	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Member, Board of Managers		
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	10.0%	Jointly Held? No

	Equity	10.0%
	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	0029076189		
Name	Melonie Doyle		
Address	PO Box		
	Street 1	3511 150th Street	
	Street 2		
	City	Randolph	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51649	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	10.0%	Jointly Held? No
	Equity	10.0%	
	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	0029076197		
Name	Gregg Connell		
Address	PO Box		
	Street 1	17 Applewood Drive	
	Street 2		
	City	Shenandoah	

	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Member, Board of Managers		
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	10.0%	Jointly Held? No
	Equity	10.0%	
	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	0029076205		
Name	Nancy Maher		
Address	PO Box		
	Street 1	17 Applewood Drive	
	Street 2		
	City	Shenandoah	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	10.0%	Jointly Held? No

	Equity	10.0%
	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	0029076213		
Name	Bill Ditmars		
Address	PO Box		
	Street 1	1760 410th Avenue	
	Street 2		
	City	Shenandoah	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Member, Board of Managers		
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	10.0%	Jointly Held? No
	Equity	10.0%	
	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	0029076221		
Name	Pam Ditmars		
Address	PO Box		
	Street 1	1760 410th Avenue	
	Street 2		
	City	Shenandoah	

	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	10.0%	Jointly Held? No
	Equity	10.0%	
	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	0029076239		
Name	Judith I. Wischik		
Address	PO Box		
	Street 1	114 Sleepy Hollow Drive	
	Street 2		
	City	Shenandoah	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51601	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Member, Board of Managers		
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	20.0%	Jointly Held? No

	Equity	20.0%
	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
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<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 "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.</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
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(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 "Yes," provide the following information for each such the relationship.	Yes
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Family Relationships			
FRN	0029076213	Name	Bill Ditmars
FRN	0029076221	Name	Pam Ditmars
Relationship	Spouses		

Family Relationships

FRN	0029076148	Name	Jake McGargill
FRN	0029076163	Name	Pam McGargill
Relationship	Spouses		

Family Relationships			
FRN	0029076171	Name	James Doyle
FRN	0029076189	Name	Melonie Doyle
Relationship	Spouses		

Family Relationships			
FRN	0029076197	Name	Gregg Connell
FRN	0029076205	Name	Nancy Maher
Relationship	Spouses		

<p>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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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 has no parent entity.

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.	<p>Official Title: General Manager Exact Legal Title or Name of Respondent: KMALAND Broadcasting, LLC Name: Sandy Hansen Phone: 7122463455</p> <p>10/07/2021</p>

