

(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: 0000167359 Submit Date: 2021-11-09 FRN: 0004943189

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/09/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0004943189	Spirit Communications, Inc.	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1887	Westerville	ОН	43086	+1 (614) 839- 7100	michael@radiou.

2. Contact Representative

Name	Organization
Michael Buckingham	Spirit Communications, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 1887	Westerville	ОН	43086	+1 (614) 839-7137	michael@radiou.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits Licensee		
Is the Respondent's governing boom indirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No

(b) Provide the following information about this report: Purpose Biennial 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
Spirit Communications, Inc.	0004943189

Fac. ID No.	Call Sign	City	State	Service
12527	WPRJ	COLEMAN	МІ	FM
20758	WUFM	COLUMBUS	ОН	FM
78929	KRQZ	LOMPOC	CA	FM
170239	KQXI	GRANITE FALLS	WA	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	Spirit Communications, Inc.	
Date of execution	12/1993	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation	

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Spirit Communications, Inc.	
Date of execution	12/1993	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Bylaws	

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, members of the governing board (or other governing entity), stockholders, 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	0004943189		
Entity Name	Spirit Communications, Inc.		
Address	PO Box		
	Street 1	PO Box 1887	
	Street 2		
	City	Westerville	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43086	
	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	Voting 0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one o	r more broadcast stations No	

Ownership Information				
FRN	9990125786	9990125786		
Name	John Shumate, Sr.	John Shumate, Sr.		
Address	PO Box	2777		
	Street 1			
	Street 2			
	City	Westerville		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	43086		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		

Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Development and construction		
By Whom Appointed or Elected	Membership		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

FRN	9990125787	
Name	Kathy Shumate	
Address	PO Box	2777
	Street 1	
	Street 2	
	City	Westerville
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code	43086
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Property and business management	
By Whom Appointed or Elected	Membership	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting 14.3%	

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this re	n attributable interest in one of eport?	r more broadcast stations	No

Ownership Information			
FRN	9990125788		
Name	Karen Seidenschmidt	Karen Seidenschmidt	
Address	PO Box		
	Street 1	8311 Saybrook Dr	
	Street 2		
	City	Westerville	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43082	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Office manager		
By Whom Appointed or Elected	Membership		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one o	or more broadcast stations No	

Ownership Information			
FRN	9990125789	9990125789	
Name	Tammy Matias	Tammy Matias	
Address	PO Box	РО Вох	
	Street 1	7728 Birch Ln	

	Street 2		
	City	Dublin	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43016	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board	(or other governing entity)	
Principal Profession or Occupation	Social work		
By Whom Appointed or Elected	Membership		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990125790		
Name	Robert Matias		
Address	PO Box		
	Street 1	7728 Birch Ln	
	Street 2		
	City Dublin		
	State ("NA" if non-U.S. OH address)		
	Zip/Postal Code	43016	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		

Principal Profession or Occupation	Commercial real estate	
By Whom Appointed or Elected	Membership	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural Gender		Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	14.3%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No

	Ownership Information			
FRN	9990125791			
Name	John Shumate, Jr.			
Address	PO Box			
	Street 1	972 Northstar Dr		
	Street 2			
	City	Sunbury		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code 43074			
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Real estate sales and management			
By Whom Appointed or Elected	Membership			
Citizenship, Gender,	Citizenship US			
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		

	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	n attributable interest in one or eport?	more broadcast stations	No

FRN	9990125792			
Name	Nicole Cantu			
Address	PO Box 3112			
	Street 1			
	Street 2			
	City	Westerville		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	43086		
	Country (if non-U.S. address)	United States		
_isting Type	Other Interest Holder	Other Interest Holder		
Positional Interests check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Operations manager			
By Whom Appointed or Elected	Membership			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race nformation (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
nterest Percentages	Voting	14.3%		
enter percentage values rom 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a	an attributable interest in one or	r more broadcast stations	No	

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

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

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 without a 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 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: Spirit Communications, Inc. Name: John Shumate , Sr Phone: 6148397100