

#### (REFERENCE COPY - Not for submission)

FRN

0016237976

# Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000222704Submit Date:2023-10-11FRN:0016237976Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:10/11/2023Filing Status:Active

# **Section I - General Information**

# 1. Respondent

# Entity Name LeSEA BROADCASTING OF SOUTH BEND, INC.

Street Address	City (and Country if non U.S. address)	State ("NA" if non- U.S. address)	Zip Code	Phone	Email
61300 Ironwood Road	South Bend	IN	46614	+1 (574) 291-8200	chalt@familybroadcastingcorporation. com

# 2. Contact Representative

Name	Organization	
Joseph C. Chautin III	HARDY, CAREY, CHAUTIN & BALKIN, L.L.P.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1080 WEST CAUSEWAY APPROACH	Mandeville	LA	70471	+1 (985) 629- 0777	jchautin@hardycarey. 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	МАТ	1	95	\$95.00
		·	-	·	Total	\$95.00

# 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Not-for-profit corporation	

(b) Provide the following information about this report:

Purpose	Biennial	
"As of" date	10/01/2023	
	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
LeSEA BROADCASTING OF SOUTH BEND, INC.	0016237976

Fac. ID No.	Call Sign	City	State	Service
36117	WHME-TV	SOUTH BEND	IN	DTV

# 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	AMENDED AND RESTATED CODE OF BY-LAWS		
Parties to contract or instrument	OFFICERS AND DIRECTORS		
Date of execution	05/2007		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Entity organization		

**Document Information** 

Description of contract or instrument	AMENDED AND RESTATED ARTICLES OF INCORPORATION
Parties to contract or instrument	STATE OF INDIANA
Date of execution	05/2007
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Entity formation

#### 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.

FRN	0016237976				
Entity Name	LeSEA BROADCASTING OF SOUTH BEND, INC.				
Address	PO Box				
	Street 1	61300 Ironwood Road			
	Street 2				
	City	South Bend			
	State ("NA" if non-U.S. address)	IN			
	Zip/Postal Code	46614			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
<b>Positional Interests</b> (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				

## **Ownership Information**

	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
s interest holder have an	more broadcast stations	No	

Does interest holder have an attributable interest in one or more broadcast sta
that do not appear on this report?

Ownership Information				
FRN	0019221696			
Name	Angela Grabowski			
Address	PO Box			
	Street 1 61300 IRONWOOD ROAD			
	Street 2			
	City	SOUTH BEND		
	State ("NA" if non-U.S. address)			
	Zip/Postal Code     46614       Country (if non-U.S. address)     United States			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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 Yes that do not appear on this report?			Yes	

#### **Ownership Information**

FRN	0005804406		
Entity Name	FAMILY BROADCASTING CORPORATION		
Address	PO Box		
	Street 1	61300 IRONWOOD ROAD	
	Street 2		
	City	SOUTH BEND	

	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46614	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Owner		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	an attributable interest in one o	r more broadcast stations	Yes

that do not appear on this report?

# **Ownership Information**

-				
FRN	0027151786			
Name	Andrew Sumrall			
Address	PO Box			
	Street 1	61300 IRONWOOD ROAD		
	Street 2			
	City	SOUTH BEND		
	State ("NA" if non-U.S. address)INZip/Postal Code46614Country (if non-U.S. address)United States			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship US			
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0% Jointly Held? No		
from 0.0 to 100.0)	Equity	0.0%		
Total assets (Equity Debt0.0%Plus)		0.0%		

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

Yes

Ownership Information				
FRN	0033876962			
Name	Adam Sumrall			
Address	PO Box			
	Street 1	61300 Ironwood Road		
	Street 2			
	City	South Bend		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46614		
	Country (if non-U.S.     United States       address)     United States			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	
(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.				

(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships

FRN	0027151786	Name	Andrew Sumrall
FRN	0019221696	Name	Angela Grabowski

Relationship	Siblings		
Family Relationships			
FRN	0033876962	Name	Adam Sumrall

Name

Andrew Sumrall

Family	Polationshine	

FRN

Relationship

Family Relationships				
FRN	0019221696	Name	Angela Grabowski	
FRN	0033876962	Name	Adam Sumrall	
Relationship	Siblings			

 (d) 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.
 No

# 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.

0027151786

Siblings

Licensee has only a single parent entity.

# **Section III - 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>LeSEA BROADCASTING OF SOUTH BEND,</b> <b>INC.</b> Name: <b>Andrew Sumrall</b> Phone: <b>5742918200</b> 10/11/2023