

FRN

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

File Number:0000222797Submit Date:2023-10-12FRN:0033921354Purpose:Commercial Broadcast Stations Non-Biennial Ownership ReportStatus:ReceivedStatus Date:10/12/2023Filing Status:Active

Section I - General Information

1. Respondent

Entity Name

0031580434		Thompson I	Family Holdings, LLC			
Street Address	City (and Count S. address)	ry if non U.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
258 S Main Street	Fond du Lac		WI	54935	+1 (414) 234- 0882	jthompson@michaelbest. com

2. Contact Representative

Name		Organization	
	Jason T. Thompson	Thompson Family Holdings, LLC	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
c/o Armada Media Corporation 258 South Main St.	Fond du Lac	WI	54935	+1 (414) 234- 0882	jtthompson@michaelbest. com

3. Application Filing Fee

Not Applicable

Filing Fee

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	Limited liability company				

 (b) Provide the following information about this report:

 Purpose
 Transfer of control or assignment of license/permit

 "As of" date
 10/03/2023

 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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
AMC Partners Rice Lake, LLC	0033921354

Fac. ID No.	Call Sign	City	State	Service
55338	WAQE	RICE LAKE	WI	AM
55339	WKFX	RICE LAKE	WI	FM
67196	WJMC	RICE LAKE	WI	AM
67197	WJMC-FM	RICE LAKE	WI	FM
85769	WAQE-FM	BARRON	WI	FM
200349	W299CQ	RICE LAKE	WI	FX
200356	W243ED	RICE LAKE	WI	FX

Section II – Non-Biennial Ownership Information

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) 1.47 C.F.R. through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and Section 73.3613 attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If and Other the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Documents Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question. Not Applicable. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent Interests 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) or Permittee(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) 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 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 0031580434 **Entity Name** Thompson Family Holdings, LLC Address **PO Box** Street 1 258 S Main Street

Street 2

	City	Fond du Lac		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54935		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	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?			Yes	

Ownership Information					
FRN	9990144730	9990144730			
Name	Jason T. Thompson				
Address	PO Box				
	Street 1	c/o Armada Media Corporation			
	Street 2	258 South Main St.			
	City	Fond du Lac			
	State ("NA" if non-U.S. address)	WI			
	Zip/Postal Code	54395			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Other - LLC Manager				
Interest Percentages (enter percentage values	Voting	20.0% Jointly Held? No			
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	20.0%			
	oes interest holder have an attributable interest in one or more broadcast stations Yes hat do not appear on this report?				

 Ownership Information

 FRN
 9990145100

 Name
 Sue Ann Thompson

 Address
 PO Box

 Street 1
 c/o Armada Media Corporation

	Street 2	258 South Main St.			
	City	Fond du Lac	Fond du Lac		
	State ("NA" if non-U.S. address)	WI			
	Zip/Postal Code	54935			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Other - LLC Manager				
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No		
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	20.0%			
Does interest holder have a that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	Yes		

Ownership Information				
FRN	9990145101			
Name	Kelli Thompson			
Address	PO Box			
	Street 1	c/o Armada Media Corporation		
	Street 2	258 South Main St.		
	City	Fond du Lac		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54935		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - LLC Manager			
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	20.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				

Ownership Information				
FRN	9990145102			
Name	Tommi Thompson			
Address	PO Box			

	Street 1 c/o Armada Media Corporation		n			
	Street 2	258 South Main St.	258 South Main St.			
	City	Fond du Lac				
	State ("NA" if non-U.S. address)	WI	WI			
	Zip/Postal Code	54935 United States				
	Country (if non-U.S. address)					
Listing Type	Other Interest Holder					
Positional Interests (check all that apply)	Other - LLC Manager					
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No			
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	20.0%				
Does interest holder have	an attributable interest in one o	or more broadcast stations	Yes			

that do not appear on this report?

Ownership Information				
FRN	0020026381			
Name	Tommy G. Thompson	Tommy G. Thompson		
Address	PO Box			
	Street 1	c/o Armada Media Corporation		
	Street 2	258 South Main St.		
	City	Fond du Lac		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54935		
	Country (if non-U.S. address)			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other	- LLC Manager		
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	20.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes	

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, 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	9990145101	Name	Kelli Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Siblings		

Family Relationships

FRN	9990145100	Name	Sue Ann Thompson	
FRN	9990145101	Name	Kelli Thompson	
Relationship	Siblings			

Family Relationships

FRN	0020026381	Name	Tommy G Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Parent/Child		

Family Relationships

FRN	9990145100	Name	Sue Ann Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Siblings		

Family Relationships

FRN	0020026381	Name	Tommy G Thompson
FRN	9990145101	Name	Kelli Thompson
Relationship	Parent/Child		

Family Relationships

FRN	0020026381	Name	Tommy G Thompson
FRN	9990145100	Name	Sue Ann Thompson
Relationship	Parent/Child		

Family Relationships

FRN	0020026381	Name	Tommy G Thompson
FRN	9990144730	Name	Jason T. Thompson
Relationship	Parent/Child		

FRN	9990144730	Name	Jason T. Thompson
FRN	9990145100	Name	Sue Ann Thompson
Relationship	Siblings		

Family Relationships

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FRN	9990144730	Name	Jason T. Thompson	
FRN	9990145101	Name	Kelli Thompson	
Relationship	Siblings			

Family Relationships

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FRN	9990144730	Name	Jason T. Thompson
FRN	9990145102	Name	Tommi Thompson
Relationship	Siblings		

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

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: LLC MAnager Exact Legal Title or Name of Respondent: Thompson Family Holdings, LLC Name: Jason T Thompson Phone: 000000000 10/12/2023

Certification