

**FCC 323
OWNERSHIP REPORT FOR COMMERCIAL
BROADCAST STATIONS**

**FOR COMMISSION USE ONLY
FILE NO. -20151202AEH**

Section I - General Information

1.	Legal Name of the Respondent LANSER BROADCASTING CORPORATION		
	Street Address (1) 425 CENTERSTONE COURT		
	Street Address (2) SUITE 1		
	City ZEELAND	State or Country (if Foreign address) MI	ZIP Code 49464
	Telephone Number (include area code) (616) 931-9930	E-Mail Address (if available) BRADL@JQ99.COM	
	FCC Registration Number 0004381208	Call Sign WJQK	Facility ID Number 4364
	2.	Contact Representative MATTHEW H. MCCORMICK	
Street Address (1) 1300 NORTH 17TH STREET			
Street Address (2) 11TH FLOOR			
City ARLINGTON		State or Country (if Foreign address) VA	ZIP Code 22209
Telephone Number (include area code) (703) 812-0400		E-Mail Address (if available) MCCORMICK@FHHLAW.COM	
Nature of Respondent (See Instructions for Definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest			
3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)		
5.	All the information furnished in this Report is accurate as of 10/01/2015. <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-Biennial Ownership Report).</i>		
6.	Purpose this Report is Filed for: (choose one)		
	a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) c. <input type="radio"/> Transfer of Control or Assignment of License/Permit d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station. e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license). f. <input type="radio"/> Amendment to a previously filed Ownership Report File Number: - If an Amendment submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.		
			[Exhibit 1]

7.	License and Station Information. The stations listed below are all licensed to the following person or entity:				
	Licensee Name:		Licensee's FCC Registration Number (FRN)		
	LANSER BROADCASTING CORPORATION		0004381208		
Station List					
This Report is filed for the following stations:					
	<u>Copy</u>	<u>Call Sign</u>	<u>Facility ID Number</u>	<u>Location (City/State)</u>	<u>Class of Service</u>
	1.	WPNW	36532	ZEELAND, MICHIGAN	AM Station
	2.	WJQK	4364	ZEELAND, MICHIGAN	FM Station
8.	Respondent is:				
	<input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> For-profit corporation	<input type="radio"/> Not-for-profit corporation <input type="radio"/> General partnership	<input type="radio"/> Limited partnership <input type="radio"/> Other [Exhibit 2]		
If "Other," describe nature of the Respondent in an Exhibit.					

Section II-B - Biennial Ownership Information

1. **Contract Information.** List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

Not Applicable

Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (Check all that apply)
1.	ARTICLES OF INCORPORATION	STATE OF MICHIGAN	Month AUGUST Year 1983	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	BY-LAWS	RESPONDENT	Month AUGUST Year 1983	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
3.	CERTIFICATE OF MERGER	STATE OF MICHIGAN	Month AUGUST Year 1997	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. **Capitalization** (Only Licensees or entities with a majority interest in or that otherwise exercises *de facto* control over the subject Licensee shall respond.)

Not Applicable

Capitalization Information

Copy	Class of Stock (preferred, common or other)	Voting or Non-Voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	2000	1960	40	0

3.(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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interest Information

Copy 1.	Name	LANSER BROADCASTING CORPORATION
	Address	Street 425 CENTERSTONE COURT SUITE 1 City/State ZEELAND, MICHIGAN Postal/ZIP Code 49464 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
	FCC Registration Number	0004381208
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship
	Percentage of Votes	0.0%
	Percentage of Equity	0.0%
	Percentage of Total Assets (equity plus debt)	0.0%

Copy 2.	Name	LESLIE J. LANSER DECLARATION OF TRUST
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Address	Street 447 BRECADO COURT City/State HOLLAND, MICHIGAN Postal/ZIP Code 49423 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019362532
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Percentage of Votes	55%
Percentage of Equity	55%
Percentage of Total Assets (equity plus debt)	55%

Copy 3.	Name	BRADLEY J. LANSER (JOINTLY WITH DIANE R. LANSER)
	Address	Street 3998 GLENVIEW CT. City/State HUDSONVILLE, MICHIGAN Postal/ZIP Code 49426 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder

Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019362342
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
Percentage of Votes	14.0%
Percentage of Equity	14.0%
Percentage of Total Assets (equity plus debt)	14.0%

Copy 4. Name	DIANE LANSER (JOINTLY WITH BRADLEY J. LANSER)
Address	Street 3998 GLENVIEW CT. City/State HUDSONVILLE, MICHIGAN Postal/ZIP Code 49426 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner

	<input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019362326
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
	Citizenship US
Percentage of Votes	14.0%
Percentage of Equity	14.0%
Percentage of Total Assets (equity plus debt)	14.0%

Copy 5.	Name	STEVEN D. LANSER
	Address	Street 3648 GRAND BLUFF CT. City/State GRAND RAPIDS, MICHIGAN Postal/ZIP Code 49544 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019362466
	Gender, Ethnicity, Race	<input type="checkbox"/> N/A (entity)

and Citizenship Information (Natural Persons)	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
	Citizenship US
Percentage of Votes	6.0%
Percentage of Equity	6.0%
Percentage of Total Assets (equity plus debt)	6.0%

Copy 6.	Name	VAUGHN LANSER
	Address	Street 10257 8TH AVE. N.W
		City/State GRAND RAPIDS, MICHIGAN
		Postal/ZIP Code 49544
		Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019362391	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	

	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
	Citizenship US
Percentage of Votes	4.0%
Percentage of Equity	4.0%
Percentage of Total Assets (equity plus debt)	4.0%

Copy 7.	Name	GREGORY B. LANSER
	Address	Street 273 SHORESIDE DR. City/State GRAND RAPIDS, MICHIGAN Postal/ZIP Code 49548 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019362441
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
	Percentage of Votes	2.0%

Percentage of Equity	2.0%
Percentage of Total Assets (equity plus debt)	2.0%

Copy 8.	Name	VICTORIA LANSER BOVEN
	Address	Street 919 NORTHPOINTE DR. S.W. City/State BYRON CENTER, MICHIGAN Postal/ZIP Code 49315 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019362417
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input checked="" type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
	Percentage of Votes	3.0%
	Percentage of Equity	3.0%
	Percentage of Total Assets (equity plus debt)	3.0%

Copy 9.	Name	JERRY HORNE
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Address	Street 14970 CALEB DRIVE City/State FORT MYERS, FLORIDA Postal/ZIP Code 33908 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019362367
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
Percentage of Votes	10.0%
Percentage of Equity	10.0%
Percentage of Total Assets (equity plus debt)	10.0%

Copy
10.

Name	TROY WEST
Address	Street 1226 HEARTSTONE COURT City/State HOLLAND,, MICHIGAN Postal/ZIP Code 49423 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder

Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019874635
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White Citizenship US
Percentage of Votes	1.0%
Percentage of Equity	1.0%
Percentage of Total Assets (equity plus debt)	1.0%

Copy
11.

Name	RICKY LANSER
Address	Street 1847 123RD City/State HOPKINS, MICHIGAN Postal/ZIP Code 49328 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner

	<input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019362433
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
Citizenship	US
Percentage of Votes	2.0%
Percentage of Equity	2.0%
Percentage of Total Assets (equity plus debt)	2.0%

Copy 12.	Name	CURTIS LANSER
	Address	Street 4377 64TH ST., SW City/State WYOMING, MICHIGAN Postal/ZIP Code 49519 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019362318
	Gender, Ethnicity, Race	<input type="checkbox"/> N/A (entity)

and Citizenship Information (Natural Persons)

Gender

Male Female

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race (Check all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Citizenship

US

Percentage of Votes

3.0%

Percentage of Equity

3.0%

Percentage of Total Assets (equity plus debt)

3.0%

- (b) Respondent certifies that any equity and financial interests not reported in response to Question 3 Yes No (a) are non-attributable. [Exhibit 3]

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

- (c) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market as defined in 47 C.F.R. Section 73.3555? Yes No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. 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](#).

[Broadcast Information]

[Newspaper Information]

- (d) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? Yes No

If "Yes", complete the information describing the Relationship.

Familial Relationships

Copy	Name	Parent / Child	Spouse	Sibling
1.	BRADLEY J. LANSER AND DIANE LANSER	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	BRADLEY J. LANSER, STEVEN D. LANSER, VAUGHN LANSER, GREGORY LANSER, VICTORIA LANSER BOVEN, RICKY LANSER AND CURTIS LANSER	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	LESLIE J. LANSER / BRADLEY J. LANSER, STEVEN D. LANSER, VAUGHN LANSER, GREGORY LANSER, VICTORIA LANSER BOVEN, RICKY LANSER AND CURTIS LANSER	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

(e)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? 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. [Enter Attribution Exemption Information]	<input type="radio"/> Yes <input checked="" type="radio"/> No [Exhibit 4]
4.	Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question. For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency. [Enter Respondent Interest Held Information]	<input checked="" type="checkbox"/> N/A
5.	Organizational Chart. LICENSEES ONLY. Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee. Non-Licensee Respondents should select "N/A" in response to this question.	<input type="checkbox"/> N/A [Exhibit 5]

Section III - Certification

I certify that I am VICE PRESIDENT
(Official Title)
of LANSER BROADCASTING CORPORATION
(Exact Legal Title or Name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature BRADLEY J. LESTER	Date 12/01/2015
Telephone Number of Respondent (Include area code) (616) 931-9930	

Exhibits

Exhibit 5

Description: ORGANIZATIONAL STRUCTURE

SEE CHART.

Attachment 5

Description

[Chart](#)

**FCC 323
OWNERSHIP REPORT FOR COMMERCIAL
BROADCAST STATIONS**

**FOR COMMISSION USE ONLY
FILE NO. -20151202AEE**

Section I - General Information

1.	Legal Name of the Respondent LESLIE J. LANSEER DECLARATION OF TRUST		
	Street Address (1) 447 BRECADO COURT		
	Street Address (2)		
	City HOLLAND	State or Country (if Foreign address) MI	ZIP Code 49423
	Telephone Number (include area code) (616) 931-9930	E-Mail Address (if available) BRADL@JQ99.COM	
	FCC Registration Number 0004381208	Call Sign WJQK	Facility ID Number 4364
2.	Contact Representative MATTHEW H. MCCORMICK		Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.
	Street Address (1) 1300 NORTH 17TH STREET		
	Street Address (2) 11TH FLOOR		
	City ARLINGTON	State or Country (if Foreign address) VA	ZIP Code 22209
	Telephone Number (include area code) (703) 812-0400	E-Mail Address (if available) MCCORMICK@FHHLAW.COM	
	Nature of Respondent (See Instructions for Definitions) <input type="radio"/> Licensee <input checked="" type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Fee-exempt Report <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)		
5.	All the information furnished in this Report is accurate as of 10/01/2015. <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-Biennial Ownership Report).</i>		
6.	Purpose this Report is Filed for: <i>(choose one)</i>		
	a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) c. <input type="radio"/> Transfer of Control or Assignment of License/Permit d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station. e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license). f. <input type="radio"/> Amendment to a previously filed Ownership Report File Number: - If an Amendment submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.		

[Exhibit 1]

7.	License and Station Information. The stations listed below are all licensed to the following person or entity:				
	Licensee Name:		Licensee's FCC Registration Number (FRN)		
	LANSER BROADCASTING CORPORATION		0004381208		
Station List					
This Report is filed for the following stations:					
	<u>Copy</u>	<u>Call Sign</u>	<u>Facility ID Number</u>	<u>Location (City/State)</u>	<u>Class of Service</u>
	1.	WJQK	4364	ZEELAND, MICHIGAN	FM Station
	2.	WPNW	36532	ZEELAND, MICHIGAN	AM Station
8.	Respondent is:				
	<input type="radio"/> Sole Proprietorship <input type="radio"/> For-profit corporation	<input type="radio"/> Not-for-profit corporation <input type="radio"/> General partnership	<input type="radio"/> Limited partnership <input checked="" type="radio"/> Other [Exhibit 2]		
If "Other," describe nature of the Respondent in an Exhibit.					

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

Not Applicable

[Enter Contract Information]

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises *de facto* control over the subject Licensee shall respond.)

Not Applicable

[Enter Capitalization Information]

3.(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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interest Information

Copy 1.	Name	LESLIE J. LANSER DECLARATION OF TRUST
	Address	Street 447 BRECADO COURT City/State HOLLAND, MICHIGAN Postal/ZIP Code 49423 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder

	<input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019362532
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Percentage of Votes	0%
Percentage of Equity	100%
Percentage of Total Assets (equity plus debt)	100%

Copy 2. Name	LESLIE J. LANSER
Address	Street 447 BRECADO COURT
	City/State HOLLAND, MICHIGAN
	Postal/ZIP Code 49423
	Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): TRUSTEE
FCC Registration Number	0019362300
Gender, Ethnicity, Race and Citizenship Information	<input type="checkbox"/> N/A (entity)
	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female

(Natural Persons)	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
	Citizenship US
Percentage of Votes	100%
Percentage of Equity	0%
Percentage of Total Assets (equity plus debt)	0%

(b) Respondent certifies that any equity and financial interests not reported in response to Question 3 (a) are non-attributable. Yes No [Exhibit 3]

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

(c) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market as defined in 47 C.F.R. Section 73.3555? Yes No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. 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](#).

[Broadcast Information]

[Newspaper Information]

(d) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? Yes No

If "Yes", complete the information describing the Relationship.

[Enter Familial Information]

(e) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee? Yes No [Exhibit 4]

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.

[Enter Attribution Exemption Information]

4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</p> <p>[Enter Respondent Interest Held Information]</p>	☑ N/A
5.	<p>Organizational Chart. LICENSEES ONLY. Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	☑ N/A [Exhibit 5]

Section III - Certification

I certify that I am TRUSTEE
(Official Title)
of THE LESLIE J. LANSER DECLARATION OF TRUST
(Exact Legal Title or Name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature LESLIE J. LANSER	Date 12/01/2015
Telephone Number of Respondent (Include area code) (616) 931-9930	

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).

Exhibits

Exhibit 2

Description: NATURE OF RESPONDENT

RESPONDENT IS A TRUST.

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 40032

Description: TRUST - 2015 BIENNIAL OWNERSHIP REPORT
Application Reference Number: 20151202AEE
Successfully filed at Dec 2 2015 2:36AM

Based on the information supplied, no fee is required.

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