

FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

Section I - General Information

1. Legal Name of the Respondent
DANA COMMUNICATIONS CORPORATION
Street Address (1)
POST OFFICE BOX 818
Street Address (2)
City
BENTON
State or Country (if foreign address)
IL
ZIP Code
62812 -
Telephone Number (include area code)
6184358100
E-Mail Address (if available)
MANAGEMENT@WQRL.COM
FCC Registration Number:
0003780673
Call Sign
WQRL
Facility ID Number
15378

2. Contact Representative
DENNIS J. KELLY
Street Address (1)
POST OFFICE BOX 41177
Street Address (2)
City
WASHINGTON
State or Country (if foreign address)
DC
ZIP Code
20018 - 0577
Telephone Number (include area code)
2022932300
E-Mail Address (if available)
DKELLYFCCLAW1@COMCAST.NET

3. Nature of Respondent (See Instructions for definitions)
 radio button selected Licensee
 radio button not selected Permittee
 radio button not selected 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):
 radio button not selected Governmental Entity radio button not selected Fee-exempt Report radio button not selected Other Other radio button not selected N/A (Fee Required)

5. All of the information furnished in this Report is accurate as of 10/01/2013
(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.)

6. Purpose: This Report is filed for: (choose one)
 a. radio button selected Biennial
 b. radio button not selected Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)
 c. radio button not selected Transfer of Control or Assignment of License/Permit
 d. radio button not selected 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. radio button not selected Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)
 f. radio button not selected 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. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
DANA COMMUNICATIONS CORPORATION	0003780673
FRN Help: CORES Home	

Enter Station Information

Station List

This Report is filed for the following stations:

Copy	Call Sign	Location (City/State)	Class of service	Delete Copy

		Facility ID Number				
1.	WQRL	15378	BENTON	, ILLINOIS	FM Station	<input type="checkbox"/>
2.	WMCL	15478	MCLEANSBORO	, ILLINOIS	AM Station	<input type="checkbox"/>
<input type="checkbox"/> (Check/Uncheck All)						

Add Multiple Copies Save Last and Add Copy Delete Selected

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8. Respondent is:

radio button not selected Sole Proprietorship
 radio button not selected Not-for-profit corporation
 radio button not selected Limited partnership

radio button selected For-profit corporation
 radio button not selected General partnership
 radio button not selected Other

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 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 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."

checkbox not checked Not Applicable

Enter Contract Information

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)		
			Month	Year	Month	Year	<input checked="" type="checkbox"/> checkbox not checked LMA/JSA	<input checked="" type="checkbox"/> checkbox not checked Network Affiliation	<input checked="" type="checkbox"/> checkbox checked Other
1.	ARTICLES OF INCORPORATION	STATE OF ILLINOIS	MARCH	1992			<input checked="" type="checkbox"/> checkbox checked No Expiration Date		
2.	BY-LAWS	CORPORATION	MARCH	1992			<input checked="" type="checkbox"/> checkbox checked No Expiration Date		

Save Last and Add Copy Delete Selected

Validate Subform Save Subform

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

checkbox not checked Not Applicable

Enter Capitalization Information

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 checked="" type="checkbox"/> radio button not selected Preferred <input checked="" type="checkbox"/> radio button selected Common <input checked="" type="checkbox"/> radio button not selected Other (specify) <input type="text"/>	<input checked="" type="checkbox"/> radio button selected Voting <input checked="" type="checkbox"/> radio button not selected Non-Voting	1000	100	0	900

Save Last and Add Copy Delete Selected

Validate Subform Save Subform

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question 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, 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 company 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 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 company 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.

Enter Owner Information

Ownership Interests Information

Copy 1. Name	<input type="text" value="DANA COMMUNICATIONS CORP"/>			
Address	Street	<input type="text" value="303 N. MAIN STREET"/>		
	City/State	<input type="text" value="BENTON"/> , ILLINOIS		
	Postal/ZIP Code	<input type="text" value="62812"/> - <input type="text"/>		
	Country (if not U.S.)	<input type="text"/>		
	Listing Type	<input checked="" type="checkbox"/> radio button selected Respondent <input checked="" type="checkbox"/> radio button not selected Other Interest Holder		
Relationship to Licensee	<input checked="" type="checkbox"/> radio button selected Licensee (or Officer/Director of Licensee) <input checked="" type="checkbox"/> radio button not selected Person with attributable interest <input checked="" type="checkbox"/> radio button not selected Entity with attributable interest			
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> checkbox not checked Officer <input checked="" type="checkbox"/> checkbox not checked Director <input checked="" type="checkbox"/> checkbox not checked General Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox not checked LC/LLC/PLLC Member <input checked="" type="checkbox"/> checkbox not checked Owner <input checked="" type="checkbox"/> checkbox not checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Creditor <input checked="" type="checkbox"/> checkbox not checked Attributable Investor <input checked="" type="checkbox"/> checkbox checked Other (please specify): <input type="text" value="LICENSEE"/>		
		FCC Registration Number	<input type="text" value="0003780673"/> 0003780673	<input type="text" value="Special Use FRN"/>
		Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> checkbox checked N/A (entity)	
			<u>Gender</u> <input checked="" type="checkbox"/> radio button not selected Male <input checked="" type="checkbox"/> radio button not selected Female	
<u>Ethnicity</u> <input checked="" type="checkbox"/> radio button not selected Hispanic or Latino <input checked="" type="checkbox"/> radio button not selected Not Hispanic or Latino				
<u>Race</u> (Check all that apply) <input checked="" type="checkbox"/> checkbox not checked American Indian or Alaska Native <input checked="" type="checkbox"/> checkbox not checked Asian <input checked="" type="checkbox"/> checkbox not checked Black or African American <input checked="" type="checkbox"/> checkbox not checked Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> checkbox not checked White				
<u>Citizenship</u> <input type="text"/>				
Percentage of votes			<input type="text"/>	

	100	%
Percentage of equity	100	%
Percentage of total assets (equity debt plus)	100	%

Copy 2.

Name: DANA R. WITHERS

Address: Street 303 N. MAIN STREET
City/State BENTON, ILLINOIS
Postal/ZIP Code 62812 -
Country (if not U.S.)

Listing Type: radio button not selected Respondent
 radio button selected Other Interest Holder

Relationship to Licensee: radio button selected Licensee (or Officer/Director of Licensee)
 radio button not selected Person with attributable interest
 radio button not selected Entity with attributable interest

Positional Interest (Check all that apply):
 checkbox checked Officer
 checkbox checked Director
 checkbox not checked General Partner
 checkbox not checked Limited Partner
 checkbox not checked LC/LLC/PLLC Member
 checkbox not checked Owner
 checkbox checked Stockholder
 checkbox not checked Attributable Creditor
 checkbox not checked Attributable Investor
 checkbox checked Other (please specify):
 PRESIDENT

FCC Registration Number: 0003780665 Special Use FRN

Gender, Ethnicity, Race and Citizenship Information (Natural Persons):

checkbox not checked N/A (entity)

Gender: radio button not selected Male radio button selected Female

Ethnicity: radio button not selected Hispanic or Latino
 radio button selected Not Hispanic or Latino

Race (Check all that apply):
 checkbox not checked American Indian or Alaska Native
 checkbox not checked Asian
 checkbox not checked Black or African American
 checkbox not checked Native Hawaiian or Other Pacific Islander
 checkbox checked White

Citizenship: US

Percentage of votes	100	%
Percentage of equity	100	%
Percentage of total assets (equity debt plus)	100	%

Copy 3.

Name: DAVID M. LISTER

Address: Street POST OFFICE BOX 1591

City/State
 MOUNT VERNON, ILLINOIS
 Postal/ZIP Code
 62864 -
 Country (if not U.S.)

Listing Type

radio button not selected Respondent

Relationship to Licensee

radio button selected Other Interest Holder

radio button selected Licensee (or Officer/Director of Licensee)

radio button not selected Person with attributable interest

radio button not selected Entity with attributable interest

Positional Interest
(Check all that apply)

checkbox checked Officer

checkbox not checked Director

checkbox not checked General Partner

checkbox not checked Limited Partner

checkbox not checked LC/LLC/PLLC Member

checkbox not checked Owner

checkbox not checked Stockholder

checkbox not checked Attributable Creditor

checkbox not checked Attributable Investor

checkbox checked Other (please specify):

SECRETARY

FCC Registration Number

0003780509

Special Use FRN

0003780509

Gender, Ethnicity, Race and Citizenship
Information
(Natural Persons)

checkbox not checked N/A (entity)

Gender

radio button selected Male radio button not selected Female

Ethnicity

radio button not selected Hispanic or Latino

radio button selected Not Hispanic or Latino

Race (Check all that apply)

checkbox not checked American Indian or Alaska Native

checkbox not checked Asian

checkbox not checked Black or African American

checkbox not checked Native Hawaiian or Other Pacific Islander

checkbox checked White

Citizenship

US

Percentage of votes	0	%	
Percentage of equity	0	%	
Percentage of total assets (equity debt plus)	0	%	
<input type="button" value="Save Last and Add Copy"/> <input type="button" value="Delete Selected"/>			

(b.)

Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

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?

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 Interests Subform

Broadcast Interest Information									
Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional Interest (Check all that apply)	Delete Copy <input type="checkbox"/> (Check/Uncheck All)
1.	DANA R. WITHER	KREZ	City CHAFFEE State MISSOURI	10658	100 %	100 %	100 %	<input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Officer <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Director <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Partner <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> checkbox checked <input type="checkbox"/> Owner <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SOLE PROPRIETOR	<input type="checkbox"/>
2.	DANA R. WITHER	KYRX	City MARBLE HILL State MISSOURI	81680	100 %	100 %	100 %	<input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Officer <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Director <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Partner <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> checkbox checked <input type="checkbox"/> Owner <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SOLE PROPRIETOR	<input type="checkbox"/>
3.	DANA R. WITHER	KBHI	City MINER State MISSOURI	78625	100 %	100 %	100 %	<input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Officer <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Director <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Partner <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> checkbox checked <input type="checkbox"/> Owner <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SOLE PROPRIETOR	<input type="checkbox"/>
4.	DANA R. WITHER	WNSV	City NASHVILLE	15380	100 %	100 %	100 %	<input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Officer	<input type="checkbox"/>

			State ILLINOIS					<input checked="" type="checkbox"/> checkbox not checked Director <input checked="" type="checkbox"/> checkbox not checked Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox checked Owner <input checked="" type="checkbox"/> checkbox not checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SOLE PROPRIETOR
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5.	DANA R. WITHER	WCEZ	City CARTHAGE State ILLINOIS	79019	100 %	100 %	100 %	<input checked="" type="checkbox"/> checkbox not checked Officer <input checked="" type="checkbox"/> checkbox not checked Director <input checked="" type="checkbox"/> checkbox not checked Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox checked Owner <input checked="" type="checkbox"/> checkbox not checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SOLE PROPRIETOR	<input type="checkbox"/>
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6.	DANA R. WITHER	WDTV	City WESTON State WEST VIRGINIA	70592	0 %	0 %	0 %	<input checked="" type="checkbox"/> checkbox checked Officer <input checked="" type="checkbox"/> checkbox not checked Director <input checked="" type="checkbox"/> checkbox not checked Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox not checked Owner <input checked="" type="checkbox"/> checkbox not checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SECRETARY	<input type="checkbox"/>
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7.	DANA R. WITHER	W22CY	City CLARKSBURG State WEST VIRGINIA	125359	0 %	0 %	0 %	<input checked="" type="checkbox"/> checkbox checked Officer <input checked="" type="checkbox"/> checkbox not checked Director <input checked="" type="checkbox"/> checkbox not checked Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox not checked Owner <input checked="" type="checkbox"/> checkbox not checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SECRETARY	<input type="checkbox"/>
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8.	DANA R. WITHER	W31CQ	City ELKINS State WEST VIRGINIA	125365	0 %	0 %	0 %	<input checked="" type="checkbox"/> checkbox checked <input type="checkbox"/> Officer <input checked="" type="checkbox"/> checkbox not checked Director <input checked="" type="checkbox"/> checkbox not checked Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox not checked Owner <input checked="" type="checkbox"/> checkbox not checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SECRETARY	<input type="checkbox"/>
9.	DAVID M. LISTER	WDML	City WOODLAWN State ILLINOIS	70468	100 %	100 %	100 %	<input checked="" type="checkbox"/> checkbox checked <input type="checkbox"/> Officer <input checked="" type="checkbox"/> checkbox checked Director <input checked="" type="checkbox"/> checkbox not checked Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox not checked Owner <input checked="" type="checkbox"/> checkbox checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): PRESIDENT	<input type="checkbox"/>
10.	DAVID M. LISTER	KRNQ	City KEOKUK State IOWA	15773	100 %	100 %	100 %	<input checked="" type="checkbox"/> checkbox not checked <input type="checkbox"/> Officer <input checked="" type="checkbox"/> checkbox not checked Director <input checked="" type="checkbox"/> checkbox not checked Partner <input checked="" type="checkbox"/> checkbox not checked Limited Partner <input checked="" type="checkbox"/> checkbox checked Owner <input checked="" type="checkbox"/> checkbox not checked Stockholder <input checked="" type="checkbox"/> checkbox not checked Attributable Entity <input checked="" type="checkbox"/> checkbox checked Other (please specify): SOLE PROPRIETOR	<input type="checkbox"/>

Save Last and Add Copy Delete Selected

Validate Subform Save Subform

Newspaper Interests Subform

Newspaper Interest Information

Add Copy Delete Selected

Validate Subform Save Subform

(d.) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?
If "Yes", complete the information describing the relationship.

Enter Familial Relationships Information

Familial Relationships					
Copy	Name	Parent/ Child	Spouse	Siblings	Delete Copy
1.	DANA R. WITHERS AND DAVID M. LISTER	<input checked="" type="checkbox"/> radio button not selected	<input checked="" type="checkbox"/> radio button not selected	<input checked="" type="checkbox"/> radio button selected	<input type="checkbox"/>
Save Last and Add Copy Delete Selected					<input type="checkbox"/> (Check/Uncheck All)
Validate Subform			Save Subform		

(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

Exemption Information List	
Add Copy Delete Selected	<input type="checkbox"/> (Check/Uncheck All)
Validate Subform	Save Subform

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 Interests Held Information

Respondent's Interests	
Add Copy Delete Selected	Delete Copy <input type="checkbox"/> (Check/Uncheck All)
Validate Subform	Save Subform

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.

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of DANA COMMUNICATIONS 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 DANA R. WITHERS	Date 12/02/2013
Telephone Number of Respondent (Include area code) 6184358100	

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: EXPLANATION OF "FAMILIAL RELATIONSHIPS" ANSWER

DAVID M. LISTER IS THE HALF-BROTHER OF DANA R. WITHERS.

Exhibit 5

Description: ORGANIZATIONAL CHART

SEE ATTACHED PDF.

Attachment 5

Description
ORGANIZATIONAL CHART