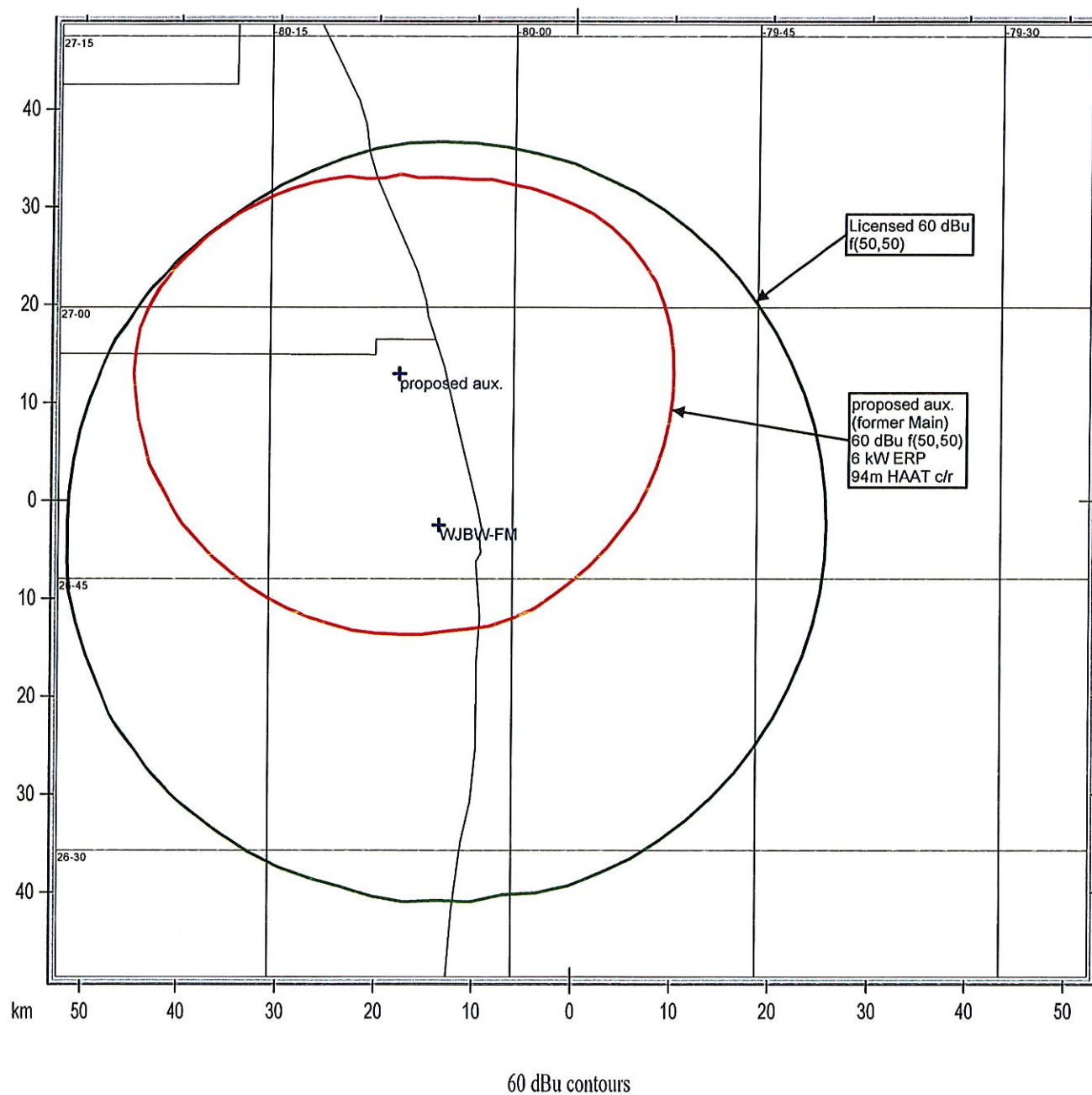
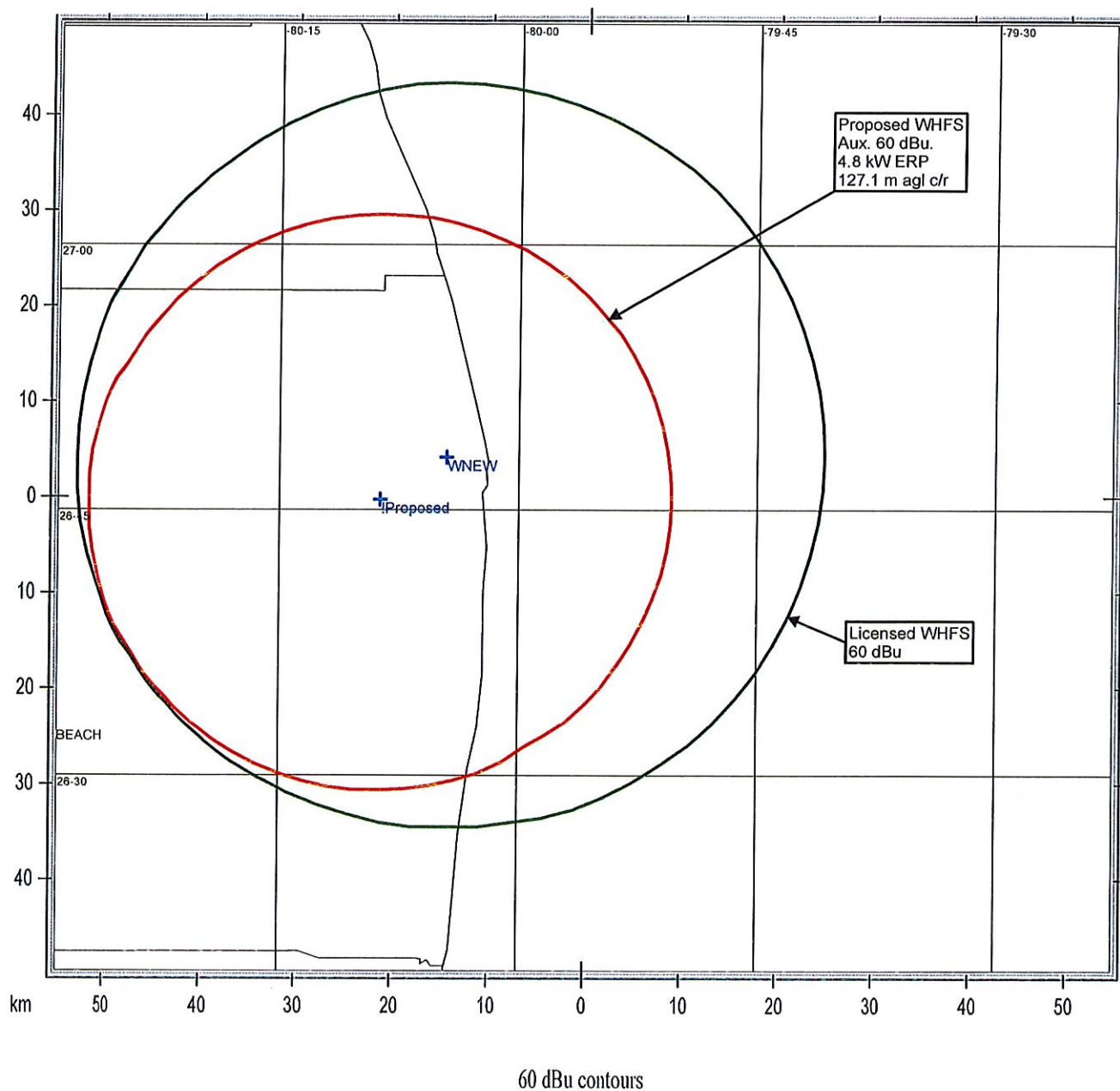


## WJBW-FM License Former Main as an Auxiliary



County Borders Lat/Lon Grid

# WHFS(FM) Proposed Aux Antenna



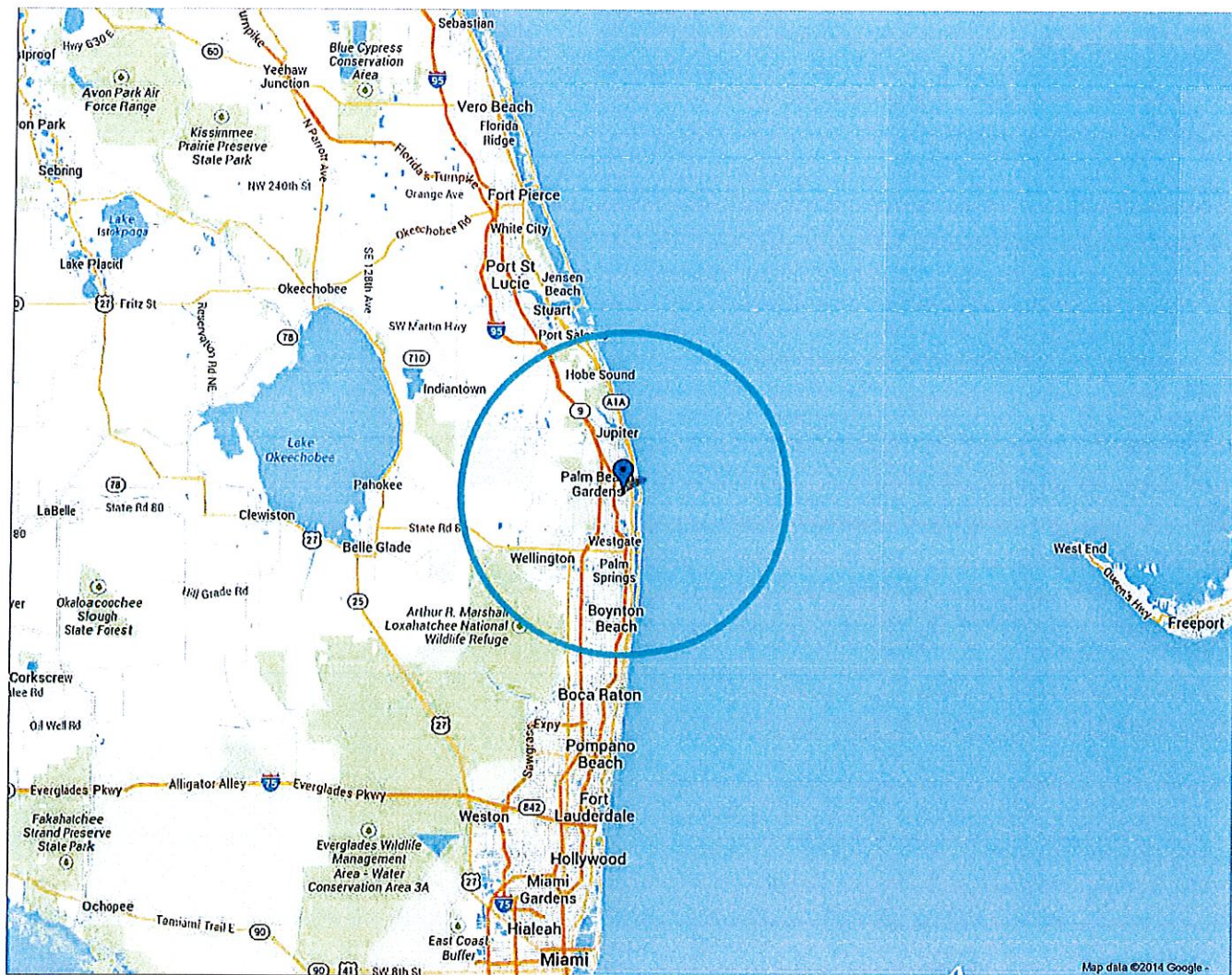
County Borders Lat/Lon Grid





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To see all the details that are visible on the screen, use the "Print" link next to the map.



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60 dBu Service Contour for WJUB, 106.3 MHz, Jupiter, FL

- ☒ WJUB, Jupiter, FL
- ☒ 106.3 MHz -- FCC File No. BLH-20030605AAB
- ☒ 60 dBu Service contour
- ☒ 60 dBu Service contour (alternate color)

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (March 2013)	FOR FCC USE ONLY
<b>FCC 323</b> <b>OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS</b>		<b>FOR COMMISSION USE ONLY</b> <b>FILE NO. -20131113ALJ</b>

**Section I - General Information**

1.	Legal Name of the Respondent GOOD KARMA BROADCASTING, LLC		
	Street Address (1) 100 STODDARD STREET		
	Street Address (2)		
	City BEAVER DAM	State or Country (if Foreign address) WI	ZIP Code 53916
	Telephone Number (include area code) (920) 885-4442	E-Mail Address (if available) CKARMAZIN@GKBSPORTS.COM	
	FCC Registration Number 0003768835	Call Sign WAUK	Facility ID Number 10824
2.	Contact Representative NANCY A. ORY, ESQ.		
	Firm or Company Name LERMAN SENTER PLLC		
	Street Address (1) LERMAN SENTER PLLC		
	Street Address (2) 2000 K STREET, NW, SUITE 600		
	City WASHINGTON	State or Country (if Foreign address) DC	ZIP Code 20006
	Telephone Number (include area code) (202) 416-6791	E-Mail Address (if available) NORY@LERMANSENTER.COM	
3.	Nature of Respondent (See Instructions for Definitions) <input checked="" type="radio"/> Licensee <input 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 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 10/01/2013. <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:																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           Licensee Name:            GOOD KARMA BROADCASTING, LLC         </td> <td style="width: 40%; padding: 5px;">           Licensee's FCC Registration Number (FRN)            0003768835         </td> </tr> </table>		Licensee Name: GOOD KARMA BROADCASTING, LLC	Licensee's FCC Registration Number (FRN) 0003768835																																																															
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8.	Respondent is: <input checked="" type="radio"/> Sole Proprietorship <input type="radio"/> Not-for-profit corporation <input type="radio"/> Limited partnership <input type="radio"/> For-profit corporation <input type="radio"/> General partnership <input checked="" type="radio"/> Other <div style="text-align: right;">[Exhibit 2]</div>  If "Other," describe nature of the Respondent in an Exhibit.																																																																	

### Section II-B - Biennial Ownership Information

1.	<p>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 <i>de facto</i> 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 radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.</p> <p><input type="checkbox"/> Not Applicable</p> <p style="text-align: center;"><b>Contract Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Copy</th> <th style="width: 30%;">Description of contract or instrument</th> <th style="width: 30%;">Name of person or organization with whom contract is made</th> <th style="width: 10%;">Date of Execution</th> <th style="width: 10%;">Date of Expiration</th> <th style="width: 15%;">Agreement Type (Check all that apply)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>OPERATING AGREEMENT</td> <td>STATE OF DELAWARE</td> <td> <div style="display: flex; justify-content: space-between;"> <div>Month JULY Year 1997</div> <div>Month  Year  </div> </div> </td> <td></td> <td> <input type="checkbox"/> LMA/radio JSA  <input type="checkbox"/> Network Affiliation Agreement  <input checked="" type="checkbox"/> Other  <input checked="" type="checkbox"/> No Expiration Date         </td> </tr> </tbody> </table>	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.	OPERATING AGREEMENT	STATE OF DELAWARE	<div style="display: flex; justify-content: space-between;"> <div>Month JULY Year 1997</div> <div>Month  Year  </div> </div>		<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> No Expiration Date
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2.	<p>Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises <i>de facto</i> control over the subject Licensee shall respond.)</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><b>[Enter Capitalization Information]</b></p>												
3.(a)	<p>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.</p> <p>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.</p> <p style="text-align: center;"><b>Ownership Interest Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">Copy 1.</td> <td style="width: 25%;">Name</td> <td>GOOD KARMA BROADCASTING, LLC</td> </tr> <tr> <td></td> <td>Address</td> <td>           Street            100 STODDART STREET            P.O. BOX 902 City/State            BEAVER DAM, WISCONSIN            Postal/ZIP Code            53916            Country (if not U.S.)            US         </td> </tr> <tr> <td></td> <td>Listing Type</td> <td> <input checked="" type="radio"/> Respondent  <input type="radio"/> Other Interest Holder         </td> </tr> <tr> <td></td> <td>Relationship to Licensee</td> <td> <input checked="" type="radio"/> Licensee (or Officer/Director of Licensee)  <input type="radio"/> Person with attributable interest  <input type="radio"/> Entity with attributable interest         </td> </tr> </table>	Copy 1.	Name	GOOD KARMA BROADCASTING, LLC		Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 Country (if not U.S.) US		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
Copy 1.	Name	GOOD KARMA BROADCASTING, LLC											
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 Country (if not U.S.) US											
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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/LICENSEE
FCC Registration Number	0003768835
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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 US
Percentage of Votes	0.0%
Percentage of Equity	0.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 2.	Name	CRAIG KARMAZIN
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 Country (if not U.S.) US
	Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input type="checkbox"/> Licensee (or Officer/Director of Licensee) <input checked="" type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" 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 type="checkbox"/> Other (please specify):
FCC Registration Number	0019399807
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	100.0%
Percentage of Equity	68.0%
Percentage of Total Assets (equity plus debt)	100.0%

Copy 3.	Name	STEVE POLITZINER
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 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 checked="" 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 type="checkbox"/> Other (please specify):
	FCC Registration Number	0021247101
	Gender, Ethnicity, Race and Citizenship Information	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input 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 0.0%
Percentage of Equity 10.0%	
Percentage of Total Assets (equity plus debt)	0.0%

Copy 4.	Name	SHARON KARMAZIN
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 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 checked="" 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 type="checkbox"/> Other (please specify):
	FCC Registration Number	0021247077
	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	0.0%
Percentage of Equity	10.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 5.	Name	SAM PINES
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 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 checked="" 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 type="checkbox"/> Other (please specify):
	FCC Registration Number	0021247135
	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	0.0%
	Percentage of Equity	3.0%
	Percentage of Total Assets (equity plus debt)	0.0%

Copy 6.	Name	KEITH WILLIAMS
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 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 checked="" 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 type="checkbox"/> Other (please specify):
	FCC Registration Number	0021247176
	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	0.0%
	Percentage of Equity	3.0%
	Percentage of Total Assets (equity plus debt)	0.0%

Copy 7.	Name	TIM COLLIGAN
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 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 checked="" 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 type="checkbox"/> Other (please specify):
FCC Registration Number	0021247184
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	0.0%
Percentage of Equity	3.0%
Percentage of Total Assets (equity plus debt)	0.0%

Copy 8.	Name	ERIC DAVIDSON
	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 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 checked="" 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 type="checkbox"/> Other (please specify):
	FCC Registration Number	0021247192
	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	0.0%
	Percentage of Equity	3.0%
	Percentage of Total Assets (equity plus debt)	0.0%

(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?	<input checked="" type="radio"/> Yes <input type="radio"/> No												
	If "Yes", complete the information describing the Relationship.													
	<table border="1"> <thead> <tr> <th colspan="4">Familial Relationships</th> </tr> <tr> <th>Copy</th> <th>Name</th> <th>Parent / Child</th> <th>Spouse</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>SHARON KARMAZIN / CRAIG KARMAZIN</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		Familial Relationships				Copy	Name	Parent / Child	Spouse	1.	SHARON KARMAZIN / CRAIG KARMAZIN	<input checked="" type="radio"/>	<input type="radio"/>
Familial Relationships														
Copy	Name	Parent / Child	Spouse											
1.	SHARON KARMAZIN / CRAIG KARMAZIN	<input checked="" type="radio"/>	<input type="radio"/>											
(e)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?	<input type="radio"/> Yes <input checked="" type="radio"/> 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.	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.	<input checked="" type="checkbox"/> N/A												
	<p><b>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.</b></p>													
	[Enter Respondent Interest Held Information]													
5.	Organizational Chart. <b>LICENSEES ONLY.</b> 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.	<input type="checkbox"/> N/A [Exhibit 5]												
	Non-Licensee Respondents should select "N/A" in response to this question.													

### Section III - Certification

I certify that I am AN OFFICER  
(Official Title)  
of GOOD KARMA BROADCASTING, LLC  
(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 CRAIG KARMAZIN	Date 11/13/2013
Telephone Number of Respondent (Include area code) (920) 885-4442	

**Exhibits****Exhibit 2****Description:** LIMITED LIABILITY CORPORATION

LIMITED LIABILITY CORPORATION

**Exhibit 3****Description:** NOT APPLICABLE

N/A

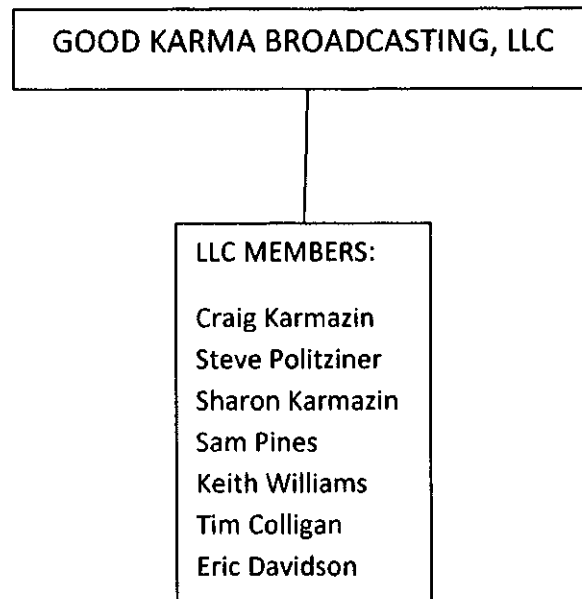
**Exhibit 5****Description:** ORGANIZATIONAL CHART

ORGANIZATIONAL CHART

**Attachment 5**

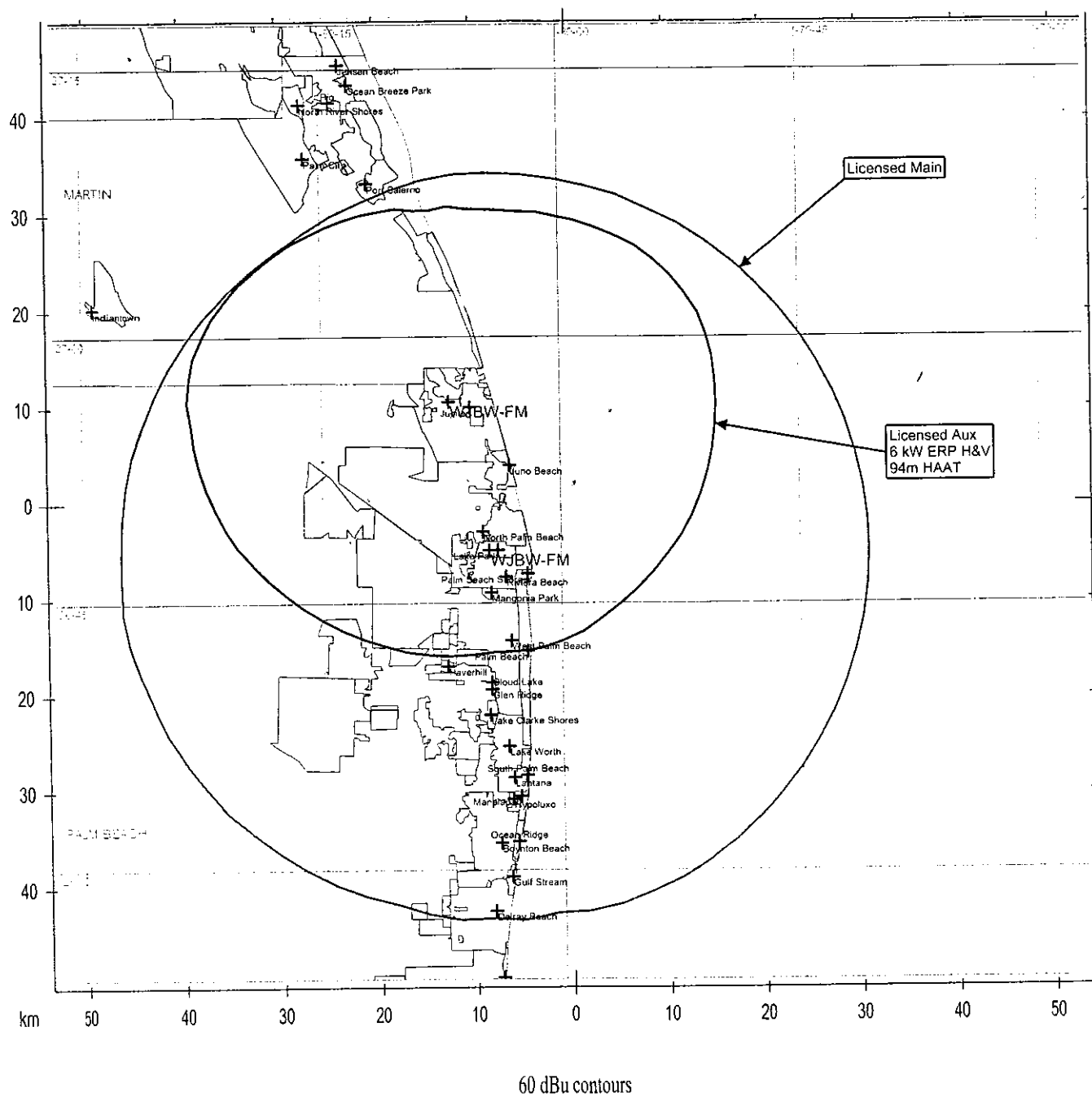
Description
Organizational Chart

**ORGANIZATIONAL CHART**





## WJBW-FM Main and Aux.



County Borders    City Borders    Lat/Lon Grid

MAP SCALE: 1:637372 1 CM = 6.37 KM V/H SIZE: 99.02 X 106.57 KM

E.L.NASS