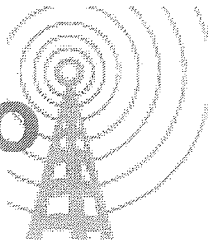


91.7 fm  
stereo



**WMWM**

Salem State College Radio

On-Air  
Sponsorship  
Form

Sponsor Name: Clipper Card Program

Contact Person: Nicole Blumberg

Address: 352 Lafayette Street +  
Salem, MA 01970

Phone: CR 542 2273

Email: nblumberg@salemstate.edu

Sponsorship Amount: \$75.00

Copy provided for station spot recording

Spot provided

Date of Sponsor Payment: transfer should take place 3/3/08

Received by: \_\_\_\_\_

Notes:

Transfer made to : 5607-1227-420-68  
Fund: WMWM  
Dept: SGA

Thank you for Supporting WMWM!



Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0084 (June 2002)	FOR FCC USE ONLY
	<b>FCC 323-E</b>	
<b>Ownership Report For Noncommercial Educational Broadcast Station</b>		FOR COMMISSION USE ONLY FILE NO.
		Read <u>INSTRUCTIONS</u> Before Filling Out Form

**Section I - General**

1. Legal Name of the Licensee/Permittee SALEM STATE COLLEGE BOARD OF TRUSTEES		
Mailing Address 352 LAFAYETTE STREET		
City SALEM	State or Country (if foreign address) MA	ZIP Code 01970 -
Telephone Number (include area code) 9785427701		E-Mail Address (if available) ASTINSON@SALEMSTATE.EDU
FCC Registration Number:	Call Sign WMWM	Facility ID Number 58636
2. Contact Representative (if other than Licensee/Permittee) ALLISON STINSON		Firm or Company Name SALEM STATE COLLEGE CAMPUS CENTER
Telephone Number (include area code) 9785427701		E-Mail Address (if available) ASTINSON@SALEMSTATE.EDU
3. Name of entity, if other than licensee or permittee, for which report is filed		
Mailing Address 352 LAFAYETTE STREET		
City SALEM	State or Country (if foreign address) MA	ZIP Code 01970 -
Telephone Number (include area code) 9785427701		E-Mail Address (if available)

1588  
CALL FCC



### Owner Information

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

(Read carefully - The numbered items below refer to line numbers in the following table.)

- a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.
- b. Citizenship.
- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	SALEM STATE COLLEGE
b. Citizenship.	US
c. Office held.	N/A
d. Percent of interest held.	100
e. Principal profession or occupation.	COLLEGE
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	N/A

*The displayed copy is number 1.*

Add copy 2



SECTION III - CERTIFICATION

I certify that I am

(Official Title)

of

(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 certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature		Date
<input type="text" value="ALLISON E. STINSON"/>		<input type="text" value="1/11/2010"/>
Telephone Number of Respondent (Include area code)	<input type="text" value="9785427701"/>	

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).

