



(REFERENCE COPY - Not for submission)

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

File Number: **0000124928** Submit Date: **2020-10-21** FRN: **0027161777**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** Status: **Submitted** Status Date: **10/21/2020** Filing Status: **Active**

Section I - General Information

1. Respondent

FRN **Entity Name**
0027161777 Community Radio Partners

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2890 Washington Avenue	Frankfort	IN	46041	+1 (765) 242-3440	randy@randylawson.com

2. Contact Representative

Name **Organization**
Richard Carr, Esq. J. Richard Consulting, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5528 Trent Street	Chevy Chase	MD	20815	+1 (301) 656-7053	jrichardcarr@gmail.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits Licensee

Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity? No

(b) Provide the following information about this report:

Purpose Transfer of control or assignment of license/permit

"As of" date 10/14/2020

When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s)

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

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

Licensee/Permittee Name	FRN
Community Radio Partners	0027161777

Fac. ID No.	Call Sign	City	State	Service
87829	WIRE	LEBANON	IN	FM
93231	WCNB	DAYTON	IN	FM

Section II – Non-Biennial Ownership Information

**1. 47 C.F.R.
Section 73.3613
Documents**

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information

Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of Indiana
Date of execution	02/2015
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation as Indiana Non-profit Corporation

**2. Ownership
Interests**

(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, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information

FRN	0027161777
Entity Name	Community Radio Partners
Address	PO Box
	Street 1 2890 Washington Avenue

Street 2**City** Frankfort**State ("NA" if non-U.S. address)** IN**Zip/Postal Code** 46041**Country (if non-U.S. address)** United States**Listing Type** Respondent**Positional Interests** Respondent
(check all that apply)**Interest Percentages** **Voting** 0.0%
(enter percentage values from 0.0 to 100.0)**Total assets (Equity Debt Plus)** 0.0%**Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?** No**Ownership Information****FRN** 0027169325**Name** Matthew E. Scheidler**Address****PO Box****Street 1** 131 W. First Street**Street 2****City** Greensburg**State ("NA" if non-U.S. address)** IN**Zip/Postal Code** 47240**Country (if non-U.S. address)** United States**Listing Type** Other Interest Holder**Positional Interests** Member of Governing Board (or other governing entity)
(check all that apply)**Principal Profession or Occupation** Radio**By Whom Appointed or Elected** Board of Directors**Interest Percentages** **Voting** 20.0%
(enter percentage values from 0.0 to 100.0)**Total assets (Equity Debt Plus)****Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?** Yes**Ownership Information****FRN** 0026630699

Name BRENT G. LEE

Address **PO Box**

Street 1 132 South Franklin Street

Street 2

City Greensburg

State ("NA" if non-U.S. address) IN

Zip/Postal Code 47240-3005

Country (if non-U.S. address) United States

Listing Type Other Interest Holder

Positional Interests Member of Governing Board (or other governing entity)
(check all that apply)

Principal Profession or Occupation Radio

By Whom Appointed or Elected Board of Directors

Interest Percentages **Voting** 20.0%
(enter percentage values from 0.0 to 100.0)

Total assets (Equity Debt Plus)

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? Yes

Ownership Information

FRN 0027169341

Name Heather Black

Address **PO Box**

Street 1 11194 E. Johnson Street

Street 2

City Frankfort

State ("NA" if non-U.S. address) IN

Zip/Postal Code 46041

Country (if non-U.S. address) United States

Listing Type Other Interest Holder

Positional Interests Member of Governing Board (or other governing entity)
(check all that apply)

Principal Profession or Occupation Radio

By Whom Appointed or Elected Board of Directors

Interest Percentages **Voting** 20.0%
(enter percentage values
from 0.0 to 100.0) **Total assets (Equity Debt
Plus)**

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? No

Ownership Information

FRN 0027170562
Name Jerry D. Curtis
Address **PO Box**
Street 1 8646 Burrell Lane
Street 2
City Indianapolis
**State ("NA" if non-U.S.
address)** IN
Zip/Postal Code 46256
**Country (if non-U.S.
address)** United States

Listing Type Other Interest Holder

Positional Interests Member of Governing Board (or other governing entity)
(check all that apply)

**Principal Profession or
Occupation** Radio

**By Whom Appointed or
Elected** Board of Directors

Interest Percentages **Voting** 20.0%
(enter percentage values
from 0.0 to 100.0) **Total assets (Equity Debt
Plus)**

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? No

Ownership Information

FRN 0027172881
Name Randy Lawson
Address **PO Box**
Street 1 2890 Washington Avenue
Street 2
City Frankfort
**State ("NA" if non-U.S.
address)** IN
Zip/Postal Code 46041

Country (if non-U.S. address) United States

Listing Type Other Interest Holder

Positional Interests (check all that apply) Member of Governing Board (or other governing entity)

Principal Profession or Occupation Radio

By Whom Appointed or Elected Board of Directors

Interest Percentages (enter percentage values from 0.0 to 100.0) Voting 20.0%
Total assets (Equity Debt Plus)

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? Yes

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. Yes
If "No," submit as an exhibit an explanation.

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

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.

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE –OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Member of Governing Board Exact Legal Title or Name of Respondent: Community Radio Partners Name: Randy Lawson Phone: 7652423440 10/21/2020