

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. -20160727ABY

Section I - General Information

1.	Legal Name of the Respondent RUBBER CITY RADIO GROUP			
	Street Address (1) 1795 WEST MARKET STREET			
	Street Address (2)			
	<table border="1"> <tr> <td>City AKRON</td> <td>State or Country (if Foreign address) OH</td> <td>ZIP Code 44313</td> </tr> </table>	City AKRON	State or Country (if Foreign address) OH	ZIP Code 44313
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	<table border="1"> <tr> <td>Telephone Number (include area code) (330) 869-9800</td> <td>E-Mail Address (if available) THOM@WAKR.NET</td> </tr> </table>	Telephone Number (include area code) (330) 869-9800	E-Mail Address (if available) THOM@WAKR.NET	
Telephone Number (include area code) (330) 869-9800	E-Mail Address (if available) THOM@WAKR.NET			
	<table border="1"> <tr> <td>FCC Registration Number 0002933877</td> <td>Call Sign WAKR</td> <td>Facility ID Number 43871</td> </tr> </table>	FCC Registration Number 0002933877	Call Sign WAKR	Facility ID Number 43871
FCC Registration Number 0002933877	Call Sign WAKR	Facility ID Number 43871		
2.	Contact Representative THOMAS MANDEL			
	Firm or Company Name RUBBER CITY RADIO GROUP			
	Street Address (1) 1795 WEST MARKET STREET			
	Street Address (2)			
	<table border="1"> <tr> <td>City AKRON</td> <td>State or Country (if Foreign address) OH</td> <td>ZIP Code 44313</td> </tr> </table>	City AKRON	State or Country (if Foreign address) OH	ZIP Code 44313
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	<table border="1"> <tr> <td>Telephone Number (include area code) (330) 869-9800</td> <td>E-Mail Address (if available) THOM@WAKR.NET</td> </tr> </table>	Telephone Number (include area code) (330) 869-9800	E-Mail Address (if available) THOM@WAKR.NET	
Telephone Number (include area code) (330) 869-9800	E-Mail Address (if available) THOM@WAKR.NET			
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 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 06/26/2016. <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 type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) c. <input checked="" 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 [Exhibit 1] previous Report that are being revised.			

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)		
	RUBBER CITY RADIO GROUP, INC.		0002933877		
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.	WAKR	43871	AKRON, OHIO	AM Station
	2.	WONE-FM	43873	AKRON, OHIO	FM Station
	3.	WQMX	43872	MEDINA, OHIO	FM Station
	4.	WNWV	19462	ELYRIA, OHIO	FM Station
8.	Respondent is:				
	<input type="radio"/> Sole Proprietorship <input type="radio"/> Not-for-profit corporation <input type="radio"/> Limited partnership <input checked="" type="radio"/> For-profit corporation <input type="radio"/> General partnership <input type="radio"/> Other [Exhibit 2]				
If "Other," describe nature of the Respondent in an Exhibit.					

Section II-A - Non-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, Permittees, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee or Permittee 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.	CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION	OHIO	Month DECEMBER Year 1993	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 type="radio"/> Common <input checked="" type="radio"/> Other (specify) CLASS A	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	375	23	0	352
2.	<input type="radio"/> Preferred <input type="radio"/> Common <input checked="" type="radio"/> Other (specify) CLASS B	<input type="radio"/> Voting <input checked="" type="radio"/> Non-Voting	375	127	0	248

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	RUBBER CITY RADIO GROUP, INC.
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Address	Street 1795 W. MARKET ST. City/State AKRON, OHIO Postal/ZIP Code 44313 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/Permittee (or Officer/Director of Licensee/Permittee) <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): LICENSEE RESPONDENT
FCC Registration Number	0002933877
Percentage of Votes	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 2. Name	MORTON L. MANDEL
Address	Street 1060 N. OCEAN BL. City/State PALM BEACH, FLORIDA Postal/ZIP Code 33480 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/Permittee (or Officer/Director of Licensee/Permittee) <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	0019247261
Percentage of Votes	48%
Percentage of Total Assets (equity plus debt)	7%

Copy 3.	Name	THOMAS A. MANDEL, TRUSTEE OF THE THOMAS A MANDEL LIVING TRUST U/A/D DEC. 19, 2002, AS AMENDED
	Address	Street 1100 LAKESIDE AVE. City/State CLEVELAND, OHIO Postal/ZIP Code 44114 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/Permittee (or Officer/Director of Licensee/Permittee) <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 checked="" 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	0002933877
	Percentage of Votes	52%
	Percentage of Total Assets (equity plus debt)	93%

Copy 4.	Name	THOMAS A. MANDEL
	Address	Street 1655 N MEDINA LINE RD City/State AKRON, OHIO Postal/ZIP Code 44333 Country (if not U.S.) UNITED STATES
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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 type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): GENERAL MANAGER
FCC Registration Number	0019233691
Percentage of Votes	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.

Familial Relationships				
Copy	Name	Parent / Child	Spouse	Sibling
1.	MORTON L. MANDEL & THOMAS A. MANDEL	<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 or Permittee? 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]

Section III - Certification

I certify that I am PRESIDENT
(Official Title)
of RUBBER CITY RADIO GROUP, INC.
(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 THOMAS A. MANDEL	Date 6/27/2016
Telephone Number of Respondent (Include area code) (330) 869-9800	

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

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	Firm or Company Name RUBBER CITY RADIO GROUP			
	Street Address (1) 1795 WEST MARKET STREET			
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6.	Purpose this Report is Filed for: <i>(choose one)</i> a. <input type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) c. <input checked="" 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 [Exhibit 1] previous Report that are being revised.			

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)	
	RUBBER CITY RADIO GROUP, INC.		0002933877	
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>
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4.	WQMX	43872	MEDINA, OHIO	FM 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-A - Non-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, Permittees, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee or Permittee 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.	THOMAS A. MANDEL, TRUSTEE OF THE THOMAS A MANDEL LIVING TRUST U/A/D DEC. 19, 2002, AS AMENDED	THOMAS A. MANDEL	Month DECEMBER Year 2002	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

[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	THOMAS A. MANDEL, TRUSTEE OF THE THOMAS A MANDEL LIVING TRUST U/A/D DEC. 19, 2002, AS AMENDED
	Address	Street 1100 LAKESIDE AVE. City/State CLEVELAND, OHIO Postal/ZIP Code 44114 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/Permittee (or Officer/Director of Licensee/Permittee) <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 type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
FCC Registration Number	0002933877
Percentage of Votes	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 2.	Name	THOMAS A. MANDEL
	Address	Street 1655 N. MEDINA LINE RD. City/State AKRON, OHIO Postal/ZIP Code 44333 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/Permittee (or Officer/Director of Licensee/Permittee) <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	0019233691
	Percentage of Votes	100%
	Percentage of Total Assets (equity plus debt)	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)	<p>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?</p> <p>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.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
[Broadcast Information]		
[Newspaper Information]		
(d)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the Relationship.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
[Enter Familial Information]		
(e)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee or Permittee ?</p> <p>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.</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No [Exhibit 4]
[Enter Attribution Exemption Information]		

Section III - Certification

I certify that I am TRUSTEE
(Official Title)
of THOMAS A. MANDEL, TRUSTEE U/A/D 12/19/02 FBO THOS. A. MANDEL
(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 THOMAS A. MANDEL	Date 6/27/2016
Telephone Number of Respondent (Include area code) (330) 869-9800	

Exhibits

Exhibit 2

Description: TYPE OF ENTITY

ENTITY IS A TRUST.