



(REFERENCE COPY - Not for submission)

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

File Number: **0000165352** | Submit Date: **2021-10-29** | FRN: **0004368007**  
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/29/2021**  
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0004368007		New Jersey Public Broadcasting Authority			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
25 South Stockton Street	Trenton	NJ	08625	+1 (609) 777-5257	rick.williams@treas.nj.gov

2. Contact Representative

Name		Organization			
Margaret L. Miller		Gray Miller Persh			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave. NW Suite 226	Washington	DC	20007	+1 (202) 776-2914	mmiller@graymillerpersh.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	Biennial
"As of" date	10/01/2021  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)  
and Station(s)

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

Licensee/Permittee Name	FRN
New Jersey Public Broadcasting Authority	0004368007

Fac. ID No.	Call Sign	City	State	Service
48457	WNJB	NEW BRUNSWICK	NJ	DTV
48465	WNJT	TRENTON	NJ	DTV
48477	WNJN	MONTCLAIR	NJ	DTV
48481	WNJS	CAMDEN	NJ	DTV

Section II – Biennial Ownership Information

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

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations 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 Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	PBS MEMBERSHIP AGREEMENT
Parties to contract or instrument	PUBLIC BROADCASTING SERVICE
Date of execution	06/2021
Date of expiration	06/2022
Agreement type (check all that apply)	Other <b>Agreement Type:</b> PBS Membership Agreement

Document Information	
Description of contract or instrument	BYLAWS
Parties to contract or instrument	N/A
Date of execution	06/2011
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> BYLAWS

Document Information	
Description of contract or instrument	PROGRAMMING AND SERVICES AGREEMENT
Parties to contract or instrument	PUBLIC MEDIA NJ, INC.
Date of execution	07/2011
Date of expiration	07/2026
Agreement type (check all that apply)	Other <b>Agreement Type:</b> PROGRAMMING AND SERVICES AGREEMENT FOR NONCOMMERCIAL EDUCATIONAL TELEVISION STATIONS

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) 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) 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	0004368007	
Entity Name	New Jersey Public Broadcasting Authority	
Address	PO Box	
	Street 1	25 South Stockton Street
	Street 2	
	City	Trenton
	State ("NA" if non-U.S. address)	NJ
	Zip/Postal Code	08625
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	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	9990121050	
Name	Ford M. Scudder	
Address	PO Box	777

	Street 1	
	Street 2	
	City	Trenton
	State ("NA" if non-U.S. address)	NJ
	Zip/Postal Code	08625-0777
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Vice Chair, NJPBAMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Finance	
By Whom Appointed or Elected	Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	0.0%
	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	9990139174	
Name	Douglas Eakeley	
Address	PO Box	777
	Street 1	
	Street 2	
	City	Trenton
	State ("NA" if non-U.S. address)	NJ
	Zip/Postal Code	08625-0777
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Treasurer, NJPBA BoardMember of Governing Board (or other governing entity)	

Principal Profession or Occupation	Professor of Law		
By Whom Appointed or Elected	New Jersey Senate		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	
	Equity	0.0%	
	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	9990139173	
Name	Elizabeth Maher Muoio	
Address	PO Box	777
	Street 1	
	Street 2	
	City	Trenton
	State ("NA" if non-U.S. address)	NJ
	Zip/Postal Code	08625-0777
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Board Chair, NJPBAMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	New Jersey State Treasurer	
By Whom Appointed or Elected	Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%
	Equity	0.0%

	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

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?  If " <u>Yes</u> ," 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.	No
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### 3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee’s vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select “N/A” in response to this question.

Not Applicable

### Section III - Certification

#### 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: <b>Executive Director</b> Exact Legal Title or Name of Respondent: <b>New Jersey Public Broadcasting Authority</b> Name: <b>Richard A. Williams</b> Phone: <b>6097775257</b>  10/29/2021