

(REFERENCE COPY - Not for submission)

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

File Number: **0000169387** | Submit Date: **2021-11-17** | FRN: **0017612664**

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/17/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0017612664	The Chickasaw Nation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1548	Ada	ОК	74821	+1 (580) 272- 5267	Brian. Brashier@chickasaw. net

2. Contact Representative

Name	Organization
Melodie A. Virtue	Foster Garvey PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac St., N.W. Suite 200	Washington	DC	20007	+1 (202) 965- 7880	melodie.virtue@foster. com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) P	(a) Provide the following information about the Respondent:				
Rela	ationship 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):

License	e/Permittee Name	FRN
The Chi	ckasaw Nation	0017612664

Fac. ID No.	Call Sign	City	State	Service
9941	күкс	BYNG	ОК	FM
28053	KTLS-FM	HOLDENVILLE	ок	FM
33259	KADA	ADA	ОК	AM
33498	KADA-FM	ADA	ОК	FM
82533	KXFC	COALGATE	ОК	FM
88713	KCNP	ADA	ОК	FM
177138	KAZC	DICKSON	ОК	FM
185094	KWPV	WYNNEWOOD	ОК	FM
200130	KTNG	CONNERVILLE	ОК	FM

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.

Not Applicable.

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	0017612664		
Entity Name	The Chickasaw Nation		
Address	PO Box		
	Street 1 PO Box 1548		

	Street 2			
	City	Ada		
	State ("NA" if non-U.S. address)	ОК		
	Zip/Postal Code	74821		
	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 a Tribal nation	Interest holder is a Tribal nation or Tribal entity		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information				
FRN	9990124634	9990124634		
Name	Beth Alexander			
Address	PO Box 2669			
	Street 1			
	Street 2			
	City	Ada		
	State ("NA" if non-U.S. address)	ОК		
	Zip/Postal Code	74821		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Legislator			
Principal Profession or Occupation	Legislator			
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		

	Race	American Indian or Alaska Na	tive
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.1%	
	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	9990124636	
Name	Bill Anoatubby	
Address	PO Box	1548
	Street 1	
	Street 2	
	City	Ada
	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	74821
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Governor	
Principal Profession or Occupation	Governor of the Chickasaw Nation	
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages	Voting	7.1%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No

Ownership Information	
FRN	9990124628
Name	Connie Barker

Address	РО Вох	2669	
	Street 1		
	Street 2		
	City	Ada	
	State ("NA" if non-U.S. address)	OK	
	Zip/Postal Code	74821	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Legislator		
Principal Profession or Occupation	Clinic Director at Mercy Health Love County		
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Na	itive
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990124625	9990124625	
Name	Lisa Billy		
Address	PO Box 2669		
	Street 1		
	Street 2		
	City Ada State ("NA" if non-U.S. OK address)		
	Zip/Postal Code	74821	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		

Positional Interests (check all that apply)	Other - Legislator		
Principal Profession or Occupation	Legislator	Legislator	
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?		

Ownership Information		
FRN	9990124629	
Name	Linda Briggs	
Address	PO Box 2669	
	Street 1	
	Street 2	
	City	Ada
	State ("NA" if non-U.S. address)	ОК
	Zip/Postal Code 74821	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Legislator	
Principal Profession or Occupation	Legislator	
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation	
Citizenship, Gender,	Citizenship	us
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages (enter percentage values	Voting 7.1%	

from 0.0 to 100.0)	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	9990124620		
Name	Nancy Elliott	Nancy Elliott	
Address	PO Box	2669	
	Street 1		
	Street 2		
	City	Ada	
	State ("NA" if non-U.S. address)	OK	
	Zip/Postal Code	74821	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Legislator		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information		
FRN	9990124623	
Name	Karen Goodnight	
Address	PO Box 2669	
	Street 1	

	Street 2		
	City	Ada	
	State ("NA" if non-U.S. address)	OK	
	Zip/Postal Code	74821	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Legislator	Other - Legislator	
Principal Profession or Occupation	Leadership Consultant		
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information		
FRN	9990124630	
Name	Shana Tate Hammond	
Address	PO Box 2669	
	Street 1	
	Street 2	
	City	Ada
	State ("NA" if non-U.S. OK address)	
	Zip/Postal Code	74821
	Country (if non-U.S. United States address)	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Legislator	

Principal Profession or Occupation	Legislator	
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation	
Citizenship, Gender, Ethnicity, and Race Information (Natural Citizenship US Female		US
		Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages	Voting	7.1%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No

Ownership Information		
FRN	9990124621	
Name	J. Lisa Impson	
Address	PO Box 2669	
	Street 1	
	Street 2	
	City	Ada
	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	74821
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Legislator	
Principal Profession or Occupation	Attorney	
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race American Indian or Alaska Native	
Interest Percentages	Voting	7.1%
(enter percentage values from 0.0 to 100.0)		
		,

Total assets (Equity Debt	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	9990124015		
Name	Toby Perkins		
Address	РО Вох	2669	
	Street 1		
	Street 2		
	City	Ada	
	State ("NA" if non-U.S. address)	ОК	
	Zip/Postal Code	74821	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Other - Legislator		
Principal Profession or Occupation	Director of Marketing Operations		
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race American Indian or Alaska Native		
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations No	

Ownership Information		
FRN	9990124627	
Name	David Woerz	
Address	PO Box 2669 Street 1	
	Street 2	

	City	Ada	
	State ("NA" if non-U.S. address)	ОК	
	Zip/Postal Code	74821	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Legislator	Other - Legislator	
Principal Profession or Occupation	Administration		
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska N	ative
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	No

Ownership Information		
FRN	9990124631	
Name	Scott Wood	
Address	PO Box 2669	
	Street 1	
	Street 2	
	City Ada	
	State ("NA" if non-U.S. OK address) Zip/Postal Code 74821	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Legislator	
Principal Profession or Occupation	Chiropractor	

By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information		
FRN	9990124633	
Name	Steven Woods	
Address	PO Box 2669	
	Street 1	
	Street 2	
	City	Ada
	State ("NA" if non-U.S. address)	ОК
	Zip/Postal Code	74821
	Country (if non-U.S. United States address)	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Legislator	
Principal Profession or Occupation	Legislator	
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural	Gender Male	
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race American Indian or Alaska Native	
Interest Percentages	Voting	7.1%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt 0.0% 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	9990139902		
Name	Derrick Priddy		
Address	PO Box 2669		
	Street 1		
	Street 2		
	City	Ada	
	State ("NA" if non-U.S. address)	ОК	
	Zip/Postal Code	74821	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Legislator		
Principal Profession or Occupation	Telecommunications Technician		
By Whom Appointed or Elected	Registered voters of the Chickasaw Nation		
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Na	ative
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	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
(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

(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.	

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.

Licensee does not have a parent entity.

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 LICENSEOR 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: Governor Exact Legal Title or Name of Respondent: The Chickasaw Nation Name: Bill Anoatubby Phone: 5803321212