



(REFERENCE COPY - Not for submission)

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

File Number: **0000170007** | Submit Date: **2021-11-19** | FRN: **0004855359**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/19/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0004855359		BD. OF EDUC., CITY SCH. DIST., COLUMBUS			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
270 East State Street	Columbus	OH	43215-1720	+1 (614) 365-5555	gmoebius@wcbe.org

2. Contact Representative

Name		Organization			
Ernest T. Sanchez		The Sanchez Law Firm PC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1629 K Street NW Suite 300	Washington	DC	20006	+1 (202) 237-2814	ernestsanchez2348@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	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
BD. OF EDUC., CITY SCH. DIST., COLUMBUS	0004855359

Fac. ID No.	Call Sign	City	State	Service
4270	W292EA	NEWARK	OH	FX
4325	WCBE	COLUMBUS	OH	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.

Document Information	
Description of contract or instrument	National Public Radio Program Agreement
Parties to contract or instrument	WCBE and National Public Radio
Date of execution	10/2021
Date of expiration	09/2022
Agreement type (check all that apply)	Network Affiliation Agreement

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	0004855359	
Entity Name	BD. OF EDUC., CITY SCH. DIST., COLUMBUS	
Address	PO Box	
	Street 1	270 East State Street

	Street 2		
	City	Columbus	
	State ("NA" if non-U.S. address)	OH	
	Zip/Postal Code	43215-1720	
	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	9990121369	
Name	Michael Cole	
Address	PO Box	
	Street 1	270 East State Street
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43215-1720
	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	Political consultant at Thoth Communications	
By Whom Appointed or Elected	Publicly elected	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino

	<b>Race</b>	Black or African American
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	14.3%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

<b>Ownership Information</b>		
<b>FRN</b>	9990121370	
<b>Name</b>	Eric S. Brown	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	270 East State Street
	<b>Street 2</b>	
	<b>City</b>	Columbus
	<b>State ("NA" if non-U.S. address)</b>	OH
	<b>Zip/Postal Code</b>	43215-1720
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Retired Chief Justice of Ohio Supreme Court	
<b>By Whom Appointed or Elected</b>	Publicly elected	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	14.3%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

<b>Ownership Information</b>	
<b>FRN</b>	9990121375
<b>Name</b>	Ramona R. Reyes

Address	PO Box	
	Street 1	270 East State Street
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43215-1720
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Director, Our Lady of Guadalupe Center, Catholic Social Services	
By Whom Appointed or Elected	Publicly elected	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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	9990138439	
Name	Jennifer Adair	
Address	PO Box	
	Street 1	270 East State Street
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43215-1720
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Attorney, EEO Program Manager, Ohio Dept of Administrative Services		
<b>By Whom Appointed or Elected</b>	Publicly elected		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	Black or African American	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	14.3%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No	

Ownership Information		
<b>FRN</b>	9990138440	
<b>Name</b>	James Ragland	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	270 East State Street
	<b>Street 2</b>	
	<b>City</b>	Columbus
	<b>State ("NA" if non-U.S. address)</b>	OH
	<b>Zip/Postal Code</b>	43215-1720
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Consultant for Community Outreach, Minority Business and Development Services	
<b>By Whom Appointed or Elected</b>	Publicly elected	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	Black or African American
<b>Interest Percentages</b> (enter percentage values	<b>Voting</b>	14.3%

from 0.0 to 100.0)	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
FRN	9990138441	
Name	Talisa L. Dixon, EdD.	
Address	PO Box	
	Street 1	270 East State Street
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43215-1720
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Superintendent, Columbus City Schools	
By Whom Appointed or Elected	Appointed by Columbus Board of Education	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
FRN	9990146481	
Name	Tina D. Pierce	
Address	PO Box	
	Street 1	270 East State Street

	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43215-1720
	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	Professor, The Ohio State University	
By Whom Appointed or Elected	Publicly elected	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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	9990146482	
Name	Carol Beckerle	
Address	PO Box	
	Street 1	270 East State Street
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43215-1720
	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	Retired School Teacher, Columbus City Schools	
By Whom Appointed or Elected	Publicly elected	
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	14.3%
	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 "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.	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.**

Licensee Board of Education, City School District, Columbus, 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 LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	

<b>Certification</b>	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 of Strategic Partnerships</b> Exact Legal Title or Name of Respondent: <b>Bd of Educ., City School District, Columbus</b> Name: <b>Scott J. Varner</b> Phone: <b>6143655616</b>  11/19/2021
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