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

File Number: **0000041746** | Submit Date: **2018-02-09** | FRN: **0001739002**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/09/2018**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0001739002	Mississippi Authority for Educational Television

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3825 Ridgewood Road	Jackson	MS	39211	+1 (601) 432-6565	Gregg. Mayer@mpbonline. org

### 2. Contact Representative

Name	Organization
Steven C. Schaffer	Garvey Schubert Barer

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac St. NW 2nd Floor	Washington	DC	20007	+1 (202) 298-2535	sschaffer@gsblaw.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	10/01/2017  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
Mississippi Authority for Educational Television	0001739002

Fac. ID No.	Call Sign	City	State	Service
43168	WMPN-TV	JACKSON	MS	DTV
43169	WMAW-TV	MERIDIAN	MS	DTV
43170	WMAE-TV	BOONEVILLE	MS	DTV
43176	WMAO-TV	GREENWOOD	MS	DTV
43177	WMAO-FM	GREENWOOD	MS	FM
43184	WMAU-TV	BUDE	MS	DTV
43185	WMAU-FM	BUDE	MS	FM
43188	WMAW-FM	MERIDIAN	MS	FM
43190	WMAE-FM	BOONEVILLE	MS	FM
43192	WMAB-TV	MISSISSIPPI STATE	MS	DTV
43193	WMAV-TV	OXFORD	MS	DTV
43197	WMAH-TV	BILOXI	MS	DTV
43198	WMAH-FM	BILOXI	MS	FM
43212	WMAB-FM	MISSISSIPPI STATE	MS	FM
43213	WMAV-FM	OXFORD	MS	FM
46682	WMPN-FM	JACKSON	MS	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 required to be filed pursuant to 47 C.F.R. Section 73.3613 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	Membership Certification
Parties to contract or instrument	Public Broadcasting Service
Date of execution	06/2017
Date of expiration	06/2018
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Membership Certification

**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		
<b>FRN</b>	0001739002	
<b>Entity Name</b>	Mississippi Authority for Educational Television	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	3825 Ridgewood Road
	<b>Street 2</b>	
	<b>City</b>	Jackson
	<b>State ("NA" if non-U.S. address)</b>	MS
	<b>Zip/Postal Code</b>	39211
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	
<b>Positional Interests</b> (check all that apply)	Respondent	
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%
	<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		
<b>FRN</b>	9990122920	
<b>Name</b>	Peggy Holmes	
<b>Address</b>	<b>PO Box</b>	

	<b>Street 1</b>	906 McAlpine Dr.
	<b>Street 2</b>	
	<b>City</b>	Amory
	<b>State ("NA" if non-U.S. address)</b>	MS
	<b>Zip/Postal Code</b>	38821
	<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)	Officer, Other - Chairperson Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Retired teacher	
<b>By Whom Appointed or Elected</b>	Governor	
<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>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	16.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	
<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>	9990122921	
<b>Name</b>	David Allen	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	917 Savannah Place
	<b>Street 2</b>	
	<b>City</b>	Gulfport
	<b>State ("NA" if non-U.S. address)</b>	MS
	<b>Zip/Postal Code</b>	39507
	<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>	Principal, Gulfport Public School District	
<b>By Whom Appointed or Elected</b>	Governor	
<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>	16.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	
<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>	9990122922	
<b>Name</b>	Pete Smith	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	359 N. West St.
	<b>Street 2</b>	Suite 365
	<b>City</b>	Jackson
	<b>State ("NA" if non-U.S. address)</b>	MS
	<b>Zip/Postal Code</b>	39201
	<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>	Communications and Government Relations Staff, Mississippi Department of Education	
<b>By Whom Appointed or Elected</b>	Ex Officio	
<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 from 0.0 to 100.0)	<b>Voting</b>	16.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

	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	9990122923	
Name	Andrea Mayfield	
Address	PO Box	
	Street 1	127 Loyd Irby Rd.
	Street 2	
	City	Pelahatchie
	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	39145
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Executive Director of Mississippi Community College Board	
By Whom Appointed or Elected	Ex Officio	
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	16.7%
	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	9990122924	
Name	Hal Parker	
Address	PO Box	
	Street 1	2820 Narrow Gauge Rd.
	Street 2	
	City	Bolton

	<b>State ("NA" if non-U.S. address)</b>	MS
	<b>Zip/Postal Code</b>	39041
	<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>	Automobile dealer	
<b>By Whom Appointed or Elected</b>	Governor	
<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>	16.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	
<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>	9990122925	
<b>Name</b>	Robert Sawyer	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	2304 14th Street
	<b>Street 2</b>	
	<b>City</b>	Gulfport
	<b>State ("NA" if non-U.S. address)</b>	MS
	<b>Zip/Postal Code</b>	39501
	<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>	Investments	
<b>By Whom Appointed or Elected</b>	Governor	

<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>	16.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	
<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>	9990122926	
<b>Name</b>	Ronnie Agnew	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	3825 Ridgewood Rd.
	<b>Street 2</b>	
	<b>City</b>	Jackson
	<b>State ("NA" if non-U.S. address)</b>	MS
	<b>Zip/Postal Code</b>	39211
	<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)	Officer, Other - Executive DirectorMember of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Executive Director of Mississippi Public Broadcasting	
<b>By Whom Appointed or Elected</b>	Board	
<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 from 0.0 to 100.0)	<b>Voting</b>	0.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

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

**Section III - Certification**

**Certification**

Section	Question	Response
<p><b>Authorized Party to Sign</b></p>	<p>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).</p>	
<p><b>Certification</b></p>	<p>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.</p>	<p>Official Title: <b>Executive Director</b>  Exact Legal Title or Name of Respondent: <b>Mississippi Authority for Educational Television</b>  Name: <b>Ronnie Agnew</b>  Phone: <b>6014326565</b></p> <p>02/09/2018</p>