

FRN

0008345886

Not Applicable

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

File Number: 0000088218Submit Date: 2019-11-06FRN: 0008345886Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 11/06/2019Filing Status: ActiveStatusStatusStatus

## **Section I - General Information**

Colby Community College

#### 1. Respondent

# Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1255 South Range Ave	Colby	KS	67701	+1 (785) 460- 5411	doug. johnson@colbycc. edu

#### 2. Contact Representative

Name	Organization
Doug Johnson	Colby Community College

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1255 South Range Ave	Colby	KS	67701	+1 (785) 460- 5411	doug.johnson@colbycc. edu

#### 3. Application Filing Fee

# 4. Control of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one of more Licensees or Permittees			
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	10/01/2019
	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	
Colby Community College	C	0008345886		
Fac. ID No.	Call Sign	City	State	Service
12220	ктсс	COLBY	кs	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	0008345886		
Entity Name	Colby Community College		
Address	PO Box		
	Street 1	1255 South Range Ave	
	Street 2		
	City	Colby	
	State ("NA" if non-U.S. address)	KS	
	Zip/Postal Code	67701	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		

Tribal Nation or Tribal Entity	Interest holder is not 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 an attributable interest in one or more broadcast stations No that do not appear on this report?			No

Ownership Information			
FRN	9990136711		
Name	Arlen Leiker		
Address	PO Box		
	Street 1	1150 La Hacienda Dr	
	Street 2		
	City	Colby	
	State ("NA" if non-U.S. address)	KS	
	Zip/Postal Code	67701-4099	
	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	Driver for UPS		
By Whom Appointed or Elected	Elected by residents of Thom	as County	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.6%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

# Ownership Information FRN 9990136712 Name Audrey Hines

Address	PO Box		
	Street 1	9 Cottonwood Dr	
	Street 2		
	City	Colby	
	State ("NA" if non-U.S. address)	KS	
	Zip/Postal Code	67701-4099	
	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	Grain Merchandiser		
By Whom Appointed or Elected	Elected by residents of Thomas County		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.6%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt		

Ownership Information			
FRN	9990136714	9990136714	
Name	Kenton Krehbiel		
Address	PO Box		
	Street 1	1020 Court Terrace	
	Street 2		
	City	Colby	
	State ("NA" if non-U.S. address)	KS	
	Zip/Postal Code	67701-4099	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	

Member of Governing Board (or other governing entity)		
Retired		
Elected by residents of Thomas County		
Citizenship US		
Gender	Male	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	16.6%	
Equity	0.0%	
Total assets (Equity Debt Plus)		
	Retired Retired Elected by residents of Thoma Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

# **Ownership Information**

FRN	9990136715		
Name	Quintin Flanagin		
Address	PO Box		
	Street 1	465 N Franklin Ave.	
	Street 2		
	City	Colby	
	State ("NA" if non-U.S. address)	кs	
	Zip/Postal Code 67701-4099		
	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	СРА		
By Whom Appointed or Elected	Elected by residents of Thomas County		
Citizenship, Gender,	Citizenship US		
Information (Natural			
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	<b>Voting</b> 16.6%		
(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			No

that do not appear on this report?

Ownership Information			
FRN	9990136716	9990136716	
Name	Carolyn Armstrong	Carolyn Armstrong	
Address	PO Box		
	Street 1	1100 Court Place	
	Street 2		
	City	Colby	
	State ("NA" if non-U.S. address)	KS	
	Zip/Postal Code	67701-4099	
	Country (if non-U.S.     United States       address)     Image: Country of the states		
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Elected by residents of Thomas County		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages			
(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 No that do not appear on this report?		

# Ownership Information FRN 9990136717 Name Linda Vaughn Address PO Box Street 1 655 Woofter Ave.

	Street 2		
	City	Colby	
	State ("NA" if non-U.S. address)	KS	
	Zip/Postal Code	67701-4099	
	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		
By Whom Appointed or Elected	Elected by residents of Thomas County		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages Voting 16.6%			
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No
	at any interests, including equin nis filing are non-attributable. an explanation.	ty, financial, or voting	Yes
(c) Is Respondent seeking	an attribution exemption for an	v officer or director with	No

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

## 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: <b>Public Relations Director</b> Exact Legal Title or Name of Respondent: <b>Colby Community College</b> Name: <b>Doug Johnson</b> Phone: <b>7854605411</b> 11/06/2019