



(REFERENCE COPY - Not for submission)

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

File Number: 0000094004 | Submit Date: 2019-12-23 | FRN: 0001541689

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 12/23/2019

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0001541689		Redwood Empire Public Television Inc			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 13	Eureka	CA	95502	+1 (707) 445-0813	dgordon@keet-tv.org

2. Contact Representative

Name		Organization			
David Gordon		Redwood Empire Public Television, Inc., KEET			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 13	Eureka	CA	95502-0013	+1 (707) 445-0813	dgordon@keet-tv.org

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	10/01/2019  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
Redwood Empire Public Television Inc	0001541689

Fac. ID No.	Call Sign	City	State	Service
33800	K12OV-D	SHELTER COVE	CA	LPT
53375	DK09VQ	CRESCENT CITY	CA	LPX
55435	KEET	EUREKA	CA	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 Certification
Parties to contract or instrument	Public Broadcasting Service and Redwood Empire Public Television, Inc., KEET
Date of execution	02/2006
Date of expiration	No expiration date
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	0001541689	
Entity Name	Redwood Empire Public Television Inc	
Address	PO Box	13
	Street 1	

	Street 2	
	City	Eureka
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95502
	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	9990117829	
Name	Alexandra Stillman	
Address	PO Box	
	Street 1	1166 H Street
	Street 2	
	City	Arcata
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95521
	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 - Politician	
By Whom Appointed or Elected	Membership	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino

	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	9.1%
	<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>	0027161744	
<b>Name</b>	Carol D. Larsen	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	6537 Purdue Drive
	<b>Street 2</b>	
	<b>City</b>	Eureka
	<b>State ("NA" if non-U.S. address)</b>	CA
	<b>Zip/Postal Code</b>	95503
	<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>	United Indian Health	
<b>By Whom Appointed or Elected</b>	Membership	
<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>	American Indian or Alaska Native
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	9.1%
	<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>	9990121181
<b>Name</b>	Cindy Denbo

Address	PO Box		
	Street 1	3203 K Street	
	Street 2		
	City	Eureka	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	95503	
	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	Retired - Area One Agency On Aging		
By Whom Appointed or Elected	Membership		
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	9.1%	
	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	9990121182	
Name	Maggie Fleming	
Address	PO Box	252
	Street 1	
	Street 2	
	City	Eureka
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95502
	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	Humboldt County District Attorney		
By Whom Appointed or Elected	Membership		
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	9.1%	
	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	9990121183	
Name	Mandi Kindred	
Address	PO Box	612
	Street 1	
	Street 2	
	City	Blue Lake
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95525
	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	General Manager - Blue Lake Casino and Hotel	
By Whom Appointed or Elected	Membership	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages (enter percentage values	Voting	9.1%

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	9990121186	
Name	Doralee Smith	
Address	PO Box	366
	Street 1	
	Street 2	
	City	Arcata
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95518
	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 Educator	
By Whom Appointed or Elected	Membership	
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	9.1%
	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	9990121187	
Name	John VanderMolen	
Address	PO Box	
	Street 1	4415 Cedar Street

	Street 2	
	City	Eureka
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95503
	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	Contractor	
By Whom Appointed or Elected	Membership	
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	9.1%
	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	9990121189	
Name	Chris Young	
Address	PO Box	
	Street 1	1890 Cottonwood
	Street 2	
	City	McKinleyville
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95519
	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	Executive Director TriCounties Independent Living		
By Whom Appointed or Elected	Membership		
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	9.1%	
	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	9990138287	
Name	Nancy Kay	
Address	PO Box	
	Street 1	4835 Dickson Drive
	Street 2	
	City	Eureka
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95503
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Accountant	
By Whom Appointed or Elected	Membership	
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	9.1%
	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	9990138288	
Name	Mary Bullwinkel	
Address	PO Box	
	Street 1	4022 Baird Court
	Street 2	
	City	Fortuna
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95540
	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	Public Relations	
By Whom Appointed or Elected	Membership	
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	8.3%
	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	9990138289	
Name	Michelle Sievertson	
Address	PO Box	
	Street 1	1438 7th Street
	Street 2	

	City	Eureka
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95501
	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	Membership	
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	8.3%
	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

(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.

Redwood Empire Public Television, Inc, a non-profit corporation, is the sole license holder.

Section III - Certification

Certification

Section	Question	Response
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<b>Authorized Party to Sign</b>	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</b> Exact Legal Title or Name of Respondent: <b>Redwood Empire Public Television, Inc.</b> Name: <b>David Gordon</b> Phone: <b>7074450813</b>  12/23/2019