



(REFERENCE COPY - Not for submission)

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

File Number: 0000100759 | Submit Date: 2020-01-27 | FRN: 0003879061

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/27/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0003879061		Washburn University of Topeka			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1700 SW College Ave.	Topeka	KS	66621	+1 (785) 670-1111	janet.radziejeski@washburn.edu

2. Contact Representative

Name		Organization			
Brad Deutsch		Foster Garvey P.C.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac St., NW Suite 200	Washington	DC	20007	+1 (202) 298-1793	brad.deutsch@foster.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	10/01/2019  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
Washburn University of Topeka	0003879061

Fac. ID No.	Call Sign	City	State	Service
70938	KTWU	TOPEKA	KS	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	Membership Certification
Parties to contract or instrument	Public Broadcasting Service
Date of execution	07/2019
Date of expiration	06/2020
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information	
Description of contract or instrument	By-Laws
Parties to contract or instrument	Washburn University of Topeka
Date of execution	05/2015
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: By-Laws

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	0003879061	
Entity Name	Washburn University of Topeka	
Address	PO Box	
	Street 1	1700 SW College Ave.
	Street 2	
	City	Topeka
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	66621
	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	0027068352	
Name	Terry E. Beck	
Address	PO Box	
	Street 1	4320 SW Legacy Lane
	Street 2	
	City	Topeka
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	66610
	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	Attorney	

Occupation		
By Whom Appointed or Elected	Board of County Commissioners	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native, White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	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	0027054584	
Name	Paul R. Hoferer	
Address	PO Box	
	Street 1	4244 SW Clarion Lakes Dr.
	Street 2	
	City	Topeka
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	66610
	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	Attorney	
By Whom Appointed or Elected	Mayor	
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	11.1%
	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
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Ownership Information		
FRN	9990140762	
Name	John McGovern	
Address	PO Box	
	Street 1	3431 SW Brandywine
	Street 2	
	City	Topeka
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	66614
	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	Governor	
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	11.1%
	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	0027074897	
Name	Blanche Parks	
Address	PO Box	
	Street 1	1727 SE 36th Terrace
	Street 2	
	City	Topeka
	State ("NA" if non-U.S. address)	KS

	<b>Zip/Postal Code</b>	66605
	<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 State of Kansas Government	
<b>By Whom Appointed or Elected</b>	Mayor	
<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>	11.1%
	<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>	0027074707	
<b>Name</b>	Jennifer R. Sourk	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	1828 SW Oakley Ave.
	<b>Street 2</b>	
	<b>City</b>	Topeka
	<b>State ("NA" if non-U.S. address)</b>	KS
	<b>Zip/Postal Code</b>	66604
	<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>	Attorney	
<b>By Whom Appointed or Elected</b>	Mayor	
<b>Citizenship, Gender, Ethnicity, and Race</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Female

Information (Natural Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%	
	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	9990140764		
Name	Shelly Buhler		
Address	PO Box	784	
	Street 1	503 West Maple Court	
	Street 2		
	City	Russville	
	State ("NA" if non-U.S. address)	KS	
	Zip/Postal Code	66533	
	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	High School President		
By Whom Appointed or Elected	Governor		
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	11.1%	
	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	9990140765		

Name	Michelle De La Isla	
Address	PO Box	
	Street 1	215 SE 7th Street
	Street 2	Room 350
	City	Topeka
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	66603
	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	Mayor	
By Whom Appointed or Elected	Self	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	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	9990140766	
Name	James Klausman	
Address	PO Box	
	Street 1	3024 SW Wanamaker Road
	Street 2	
	City	Topeka
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	66614
	Country (if non-U.S. address)	United States
Listing Type	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>	Executive	
<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>	11.1%
	<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>	0010675601	
<b>Name</b>	HELEN H. VAN ETTEN	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	6736 SW 28th STreet
	<b>Street 2</b>	
	<b>City</b>	Topeka
	<b>State ("NA" if non-U.S. address)</b>	KS
	<b>Zip/Postal Code</b>	66614
	<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 Audiologist	
<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>	Asian
<b>Interest Percentages</b> (enter percentage values	<b>Voting</b>	11.1%

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)?  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

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 LICENSE --OR 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>Executive Director and General Manager</b> Exact Legal Title or Name of Respondent: <b>Washburn University of Topeka</b> Name: <b>Eugene Williams</b> Phone: <b>7856701111</b>  01/27/2020