



(REFERENCE COPY - Not for submission)

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

File Number: **0000136948** | Submit Date: **2021-02-24** | FRN: **0001773852**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/24/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0001773852	East Tennessee Public Communications Corporation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1611 EAST MAGNOLIA AVENUE	KNOXVILLE	TN	37917	+1 (865) 959-0220	VLAWSON@EASTTENNESSEEPBS.ORG

2. Contact Representative

Name	Organization
AARON P. SHAINIS	SHAINIS & PELTZMAN, CHARTERED

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1850 M STREET SUITE 240	WASHINGTON	DC	20036	+1 (202) 293-0567	AARON@S-PLAW.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
East Tennessee Public Communications Corporation	0001773852

Fac. ID No.	Call Sign	City	State	Service
18252	WETP-TV	SNEEDVILLE	TN	DTV
18267	WKOP-TV	KNOXVILLE	TN	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	AMENDED AND RESTATED ARTICLES OF INCORPORATION
Parties to contract or instrument	TENNESSEE-NON-PROFIT CORPORATION
Date of execution	12/1983
Date of expiration	12/2033
Agreement type (check all that apply)	Other Agreement Type: AMENDED AND RESTATED ARTICLES OF INCORPORATION

Document Information	
Description of contract or instrument	CORPORATE BYLAWS
Parties to contract or instrument	TENNESSEE (NON-PROFIT CORPORATION)
Date of execution	09/1983
Date of expiration	09/2033
Agreement type (check all that apply)	Other Agreement Type: CORPORATE BYLAWS

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	0001773852	
Entity Name	East Tennessee Public Communications Corporation	
Address	PO Box	
	Street 1	1611 EAST MAGNOLIA AVENUE
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37917
	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	9990124514	
Name	VICKIE LAWSON	
Address	PO Box	
	Street 1	7934 CONDUCTOR WAY
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37931
	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	GENERAL MANAGER	
By Whom Appointed or Elected	BOARD	
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	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	9990124516	
Name	WILLIAM STEPHENSON	
Address	PO Box	
	Street 1	114 SINKING SPRINGS ROAD
	Street 2	
	City	CLINTON
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37716
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	REAL ESTATE	
By Whom Appointed or Elected	BOARD	
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	Voting	6.7%

from 0.0 to 100.0)	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124517	
Name	SHIRLEY FOX ROGERS	
Address	PO Box	
	Street 1	402 FAIRWAY DRIVE
	Street 2	
	City	LAFOLLETTE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37766
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - FIRST VICE CHAIR	
Principal Profession or Occupation	INSURANCE	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124518	
Name	MICHAEL NICHOLS	
Address	PO Box	
	Street 1	8659 ELLIJAY WAY

	Street 2	
	City	STRAW PLAINS
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37871
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - CHAIRMAN	
Principal Profession or Occupation	CONSTRUCTION-RETIRED	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124520	
Name	SYLVIA WOODS	
Address	PO Box	
	Street 1	412 E. MOODY AVENUE
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	

Principal Profession or Occupation	SECRETARY	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124521	
Name	BILL TINDELL	
Address	PO Box	
	Street 1	2326 NORTH PARK BLVD
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37917
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	RETIRED	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%

	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124522	
Name	JIM TINDELL	
Address	PO Box	
	Street 1	817 LAKEWOOD DRIVE
	Street 2	
	City	JEFFERSON CITY
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	37760
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - SECRETARY	
Principal Profession or Occupation	RETIRED	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124524	
Name	PETER ALLIMAN	
Address	PO Box	
	Street 1	138 COLLEGE STREET, SOUTH
	Street 2	

	City	MADISONVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37354
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - SECOND VICE CHAIR	
Principal Profession or Occupation	LAWYER	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124525	
Name	WILLIAM J. BUNCH	
Address	PO Box	
	Street 1	102 RIVER PLACE
	Street 2	
	City	LOUISVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37777
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - TREASURER	
Principal Profession or Occupation	PHARMACIST	

By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124526	
Name	ROSALYN TILLMAN	
Address	PO Box	
	Street 1	620 BROOME ROAD
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37909
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	DEAN	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%

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	9990124528	
Name	ED WHEELER	
Address	PO Box	
	Street 1	2104 CHEROKE BLVD
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37919
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	BANKER	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No	

Ownership Information

FRN	9990124529	
Name	JAMES NORMAND	
Address	PO Box	
	Street 1	103 DANBURY DRIVE
	Street 2	
	City	OAK RIDGE

	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37830
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	ATTORNEY	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990124530	
Name	JOHN SNODDERLY	
Address	PO Box	1841
	Street 1	
	Street 2	
	City	LAFOLLETTE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37766
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	CEO	
By Whom Appointed or Elected	BOARD	

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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124531	
Name	JAMES S. MACDONALD	
Address	PO Box	
	Street 1	6204 BAUM DRIVE
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37919
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	ATTORNEY	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124532	
Name	JIM JENNINGS	
Address	PO Box	
	Street 1	4004 TAZEWELL PIKE
	Street 2	
	City	KNOXVILLE
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37918
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TRUSTEE	
Principal Profession or Occupation	BUSINESS OWNER	
By Whom Appointed or Elected	BOARD	
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	6.7%
	Equity	6.7%
	Total assets (Equity Debt Plus)	6.7%
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.

The Licensee has no parent company ownership interest.

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: President/CEO Exact Legal Title or Name of Respondent: East Tennessee Public Communications Corporation Name: Vickie Lawson Phone: 8659590220 02/24/2021