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

File Number: **0000171003** | Submit Date: **2021-11-23** | FRN: **0003459989**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/23/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0003459989		Mountain Lake Public Telecommunications Council			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
One Sesame Street	Plattsburgh	NY	12901	+1 (518) 563-9770	bmccolgan@mlpbs.org

2. Contact Representative

Name		Organization			
Margaret L. Miller		Gray Miller Persh LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave. NW Suite 226	Washington	DC	20007	+1 (202) 776-2914	mmiller@graymillerpersh.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	10/01/2021  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
Mountain Lake Public Telecommunications Council	0003459989

Fac. ID No.	Call Sign	City	State	Service
46755	WCFE-TV	PLATTSBURGH	NY	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	CORPORATE BY-LAWS
Parties to contract or instrument	N/A
Date of execution	06/1980
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BY-LAWS

Document Information	
Description of contract or instrument	NYS DEPT. OF EDUCATION CHARTER
Parties to contract or instrument	N/A
Date of execution	06/1982
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: CHARTER

Document Information	
Description of contract or instrument	PBS MEMBER AGREEMENT
Parties to contract or instrument	PUBLIC BROADCASTING SERVICE
Date of execution	07/2021
Date of expiration	06/2022
Agreement type (check all that apply)	Other Agreement Type: PBS Membership 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	0003459989	
Entity Name	Mountain Lake Public Telecommunications Council	
Address	PO Box	
	Street 1	One Sesame Street
	Street 2	
	City	Plattsburgh
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12901
	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	9990126817	
Name	Thomas L. Hoy	
Address	PO Box	
	Street 1	25 Pershing Rd.
	Street 2	
	City	Queensbury

	<b>State ("NA" if non-U.S. address)</b>	NY
	<b>Zip/Postal Code</b>	12804
	<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>	Consultant, retired banker	
<b>By Whom Appointed or Elected</b>	Board of Trustees	
<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>	7.7%
	<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>	9990126822	
<b>Name</b>	James Charles Atkins	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	2 Daisy Lane
	<b>Street 2</b>	PO Box 247
	<b>City</b>	Au Sable Forks
	<b>State ("NA" if non-U.S. address)</b>	NY
	<b>Zip/Postal Code</b>	12912
	<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 - 1st Vice ChairMember of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Journeyman Lineman, President CEO Northline Utilities LLC	
<b>By Whom Appointed or Elected</b>	Board of Trustees	

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	7.7%
	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	9990126843	
Name	Richard Knight, Jr.	
Address	PO Box	
	Street 1	383 Route 3
	Street 2	
	City	Peru
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12901
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Board ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Owner of Car Dealership, Knight Automotive	
By Whom Appointed or Elected	Board of Trustees	
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	7.7%
	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	9990126847	
Name	Christopher Kreig	
Address	PO Box	
	Street 1	122 Water Edge Road
	Street 2	
	City	Keeseville
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12944
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - 2nd Vice ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Airport Director, Plattsburgh International Airport	
By Whom Appointed or Elected	Board of Trustees	
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	7.7%
	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	9990127430	
Name	William McColgan	
Address	PO Box	
	Street 1	8 Washington St.
	Street 2	
	City	Peru
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12972

	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President and CEO	
Principal Profession or Occupation	Media Executive, President and CEO of Mountain Lake PBS	
By Whom Appointed or Elected	Board of Trustees	
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	0.0%
	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

Ownership Information		
FRN	9990141492	
Name	Reginald Carter	
Address	PO Box	
	Street 1	40 Cumberland Ave
	Street 2	
	City	Plattsburgh
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12901
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Treasurer of the BoardMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired Business Executive	
By Whom Appointed or Elected	Board of Trustees	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	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>	7.7%
	<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

<b>Ownership Information</b>		
<b>FRN</b>	9990141493	
<b>Name</b>	Christopher Kirkey	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	133 Court Street
	<b>Street 2</b>	
	<b>City</b>	Plattsburgh
	<b>State ("NA" if non-U.S. address)</b>	NY
	<b>Zip/Postal Code</b>	12901
	<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>	Dir, Ctr for Study of Canada, SUNY Plattsburgh	
<b>By Whom Appointed or Elected</b>	Board of Trustees	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	CA
	<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>	7.7%
	<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

<b>Ownership Information</b>	
<b>FRN</b>	9990147120



Name	Jonathan Bloomfield		
Address	PO Box		
	Street 1	20 Surrey Gardens	
	Street 2		
	City	Montreal	
	Province/Region	Quebec	
	Zip/Postal Code	HY3 IN#	
	Country (if non-U.S. address)	Canada	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Sales Executive		
By Whom Appointed or Elected	Board of Trustees		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	CA	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.7%	
	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	9990147122	
Name	Ellen M. Bouchard	
Address	PO Box	
	Street 1	144 Rugar Street
	Street 2	
	City	Plattsburgh
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12901
	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>	Business Dev. Officer, Dannemora Federal Credit Union		
<b>By Whom Appointed or Elected</b>	Board of Trustees		
<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>	7.7%	
	<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>	9990147124	
<b>Name</b>	Linda Bourgeois	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	398 General Leroy Manor Road
	<b>Street 2</b>	
	<b>City</b>	Morrisonville
	<b>State ("NA" if non-U.S. address)</b>	NY
	<b>Zip/Postal Code</b>	12962
	<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>	President and CEO, UFirst FCU	
<b>By Whom Appointed or Elected</b>	Board of Trustees	
<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	<b>Voting</b>	7.7%

from 0.0 to 100.0)	<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

Ownership Information		
FRN	9990147125	
Name	Nicholas Chine	
Address	PO Box	
	Street 1	5885, Ave Marc Chagall, Suite 202
	Street 2	
	City	Cote-St.-Luc
	Province/Region	Quebec
	Zip/Postal Code	H4W 0C1
	Country (if non-U.S. address)	Canada
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Lawyer	
By Whom Appointed or Elected	Board of Trustees	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	CA
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.7%
	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	9990147127	
Name	Janice Marchut Conrad	
Address	PO Box	
	Street 1	540 Ashley Road
	Street 2	

	<b>City</b>	West Chazy
	<b>State ("NA" if non-U.S. address)</b>	NY
	<b>Zip/Postal Code</b>	12992-2604
	<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 - Board SecretaryMember of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Faculty Emerita	
<b>By Whom Appointed or Elected</b>	Board of Trustees	
<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>	7.7%
	<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>	9990147128	
<b>Name</b>	Sylvie Nelson	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	75 Charles Street
	<b>Street 2</b>	
	<b>City</b>	Saranac Lake
	<b>State ("NA" if non-U.S. address)</b>	NY
	<b>Zip/Postal Code</b>	12983
	<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>	Executive Director, North Country Workforce Dev. Bd.	

By Whom Appointed or Elected	Board of Trustees	
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	7.7%
	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	9990147166	
Name	Cena Abramo	
Address	PO Box	
	Street 1	24A Champlain Avenue
	Street 2	
	City	Westport
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12993
	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	Workforce Development	
By Whom Appointed or Elected	Board of Trustees	
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	7.7%
	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
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<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.	Yes
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<b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  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.

There is no 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>President and CEO</b> Exact Legal Title or Name of Respondent: <b>Mountain Lake Public Telecommunications Council</b> Name: <b>Bill McColgan</b> Phone: <b>5183240126</b>  11/23/2021