

(REFERENCE COPY - Not for submission)

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

File Number: 0000176596 | Submit Date: 2021-12-02 | FRN: 0020747812

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/02/2021

Filing Status: Active

#### **Section I - General Information**

### 1. Respondent

FRN	Entity Name	
0020747812	Leech Lake Band of Ojibwe	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
KOJB Radio 190 Sailstar Dr. NW	Cass Lake	MN	56633	+1 (218) 335- 8200	brad. walhof@llojibwe. org

# 2. Contact Representative

Name	Organization
Melodie A. Virtue	Foster Garvey PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street, N.W. Suite 200	Washington	DC	20007	+1 (202) 965- 7880	melodie.virtue@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 boat indirectly under the control of ano	ard (or other governing entity) directly or ther 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
Leech Lake Band of Ojibwe	0020747812

Fac. ID No.	Call Sign	City	State	Service
173472	КОЈВ	CASS LAKE	MN	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.

Document Information		
Description of contract or instrument	Revised Constitution and Bylaws of the Minnesota Chippewa Tribe	
Parties to contract or instrument	Minnesota Chippewa Tribe & Secretary of Interior	
Date of execution	03/1964	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other  Agreement Type: Revised Constitution and Bylaws of the  Minnesota Chippewa Tribe	

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Leech Lake Reservation Tribal Council	
Date of execution	12/1996	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: 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	0020747812			
Entity Name	Leech Lake Band of Ojibwe			
Address	PO Box	PO Box		
	Street 1	KOJB Radio		
	Street 2	190 Sailstar Dr. NW		
	City	Cass Lake		
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	56633		
	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 a Tribal nation	Interest holder is a Tribal nation or Tribal entity		
Interest Percentages	Voting	Voting 0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt 0.0% Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?				

Ownership Information		
FRN	9990128531	
Name	Leroy Staples-Fairbanks	
Address	PO Box	
	Street 1	190 Sailstar Drive, N.W.
	Street 2	
	City	Cass Lake
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	56633
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Other - District 3 Representative, Tribal Council Member; Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Elected Government Official	
By Whom Appointed or Elected	Tribal Election	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages	Voting	20.0%
(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	r more broadcast stations No

FRN	9990128534		
Name	Steve White		
Address	PO Box		
	Street 1	10721 Sugar Pt. Drive, N.W.	
	Street 2		
	City	Federal Dam	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56641	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - District 2 Representative, Tribal Council Member; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	District II Representative of Leech Lake Band of Ojibwe		
By Whom Appointed or Elected	Tribal Election	Tribal Election	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages (enter percentage values	Voting	20.0%	

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this re	n attributable interest in one or eport?	r more broadcast stations	No

Ownership Information			
FRN	9990128536		
Name	Faron Jackson, Sr.		
Address	PO Box		
	Street 1	190 Sailstar Drive, N.W.	
	Street 2		
	City	Cass Lake	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56633	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Chairman, Tribal Council Member; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Leech Lake Chairman		
By Whom Appointed or Elected	Tribal Election		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one o	r more broadcast stations No	

Ownership Information			
FRN	9990128537	9990128537	
Name	Arthur LaRose	Arthur LaRose	
Address	PO Box		
	Street 1	P.O. Box 370	

	Street 2		
	City	Cass Lake	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	56633	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Secretary; Treasurer; Tribal Council Member; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Elected Official		
By Whom Appointed or Elected	Tribal Election		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages	Voting	20.0%	
(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	r more broadcast stations	No

Ownership Information			
FRN	9990140528		
Name	Robbie M. Howe		
Address	PO Box		
	Street 1 190 Sailstar Dr.		
	Street 2		
	City Cass Lake  State ("NA" if non-U.S. MN address)  Zip/Postal Code 56633		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - District 1 Representative, Tribal Council MemberMember of Governing Board (or other governing entity)		

Principal Profession or Occupation	Tribal Council Board Member, Tribal Government		
By Whom Appointed or Elected	Tribal Election		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one oreport?	r more broadcast stations	No
` , .	at any interests, including equi nis filing are non-attributable. an explanation.	ty, financial, or voting	Yes

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

# 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 has no parent entities

### **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 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: Chairman Exact Legal Title or Name of Respondent: Leech Lake Band of Ojibwe Name: Faron Jackson , Sr Phone: 2183358200
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