



(REFERENCE COPY - Not for submission)

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

File Number: 0000223192 | Submit Date: 2023-10-17 | FRN: 0006021398

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 10/17/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0006021398	Cameron University

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2800 West Gore	Lawton	OK	73505	+1 (580) 581-2472	kmitchel@cameron.edu

2. Contact Representative

Name	Organization
Cary S. Tepper	Tepper Law Firm, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4900 Auburn Avenue Suite 100	Bethesda	MD	20814-2632	+1 (301) 718-1818	tepperlaw@aol.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	10/01/2023  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
Cameron University	0006021398

Fac. ID No.	Call Sign	City	State	Service
8484	KCCU	LAWTON	OK	FM
8489	KMCU	WICHITA FALLS	TX	FM
82834	KLCU	ARDMORE	OK	FM
93910	KOCU	ALTUS	OK	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.

Not Applicable.

#### 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	0006021398	
Entity Name	Cameron University	
Address	PO Box	
	Street 1	2800 West Gore
	Street 2	
	City	Lawton
	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	73505
	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	9990118983		
Name	Frank Keating		
Address	PO Box		
	Street 1	1607 Queenstown Road	
	Street 2		
	City	Nichols Hills	
	State ("NA" if non-U.S. address)	OK	
	Zip/Postal Code	73116	
	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	Governor appointee		
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	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	00.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information		
FRN	9990138146	
Name	Eric Stevenson	
Address	PO Box	
	Street 1	6675 Highland Lakes Place
	Street 2	
	City	Westerville
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43082
	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	Financial Services	
By Whom Appointed or Elected	Governor appointee	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes

Ownership Information		
FRN	9990138148	
Name	Natalie Shirley	
Address	PO Box	
	Street 1	1700 NE 63rd Street
	Street 2	
	City	Oklahoma City
	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	73111

	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	Governor appointee	
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	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes

Ownership Information		
FRN	9990144061	
Name	Rick Nagel	
Address	PO Box	
	Street 1	621 N. Robinson
	Street 2	Suite 550
	City	Oklahoma City
	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	73102
	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	Engineer	
By Whom Appointed or Elected	Governor appointee	
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>	14.3%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	00.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		Yes

<b>Ownership Information</b>		
<b>FRN</b>	9990151093	
<b>Name</b>	John Richard Braught	
<b>Address</b>	<b>PO Box</b>	400
	<b>Street 1</b>	
	<b>Street 2</b>	
	<b>City</b>	Duncan
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	73534
	<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>	Investor	
<b>By Whom Appointed or Elected</b>	Governor appointee	
<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>	14.3%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	00.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		Yes

<b>Ownership Information</b>	
<b>FRN</b>	9990151094

Name	Anita Lynne Holloway		
Address	PO Box	722005	
	Street 1		
	Street 2		
	City	Norman	
	State ("NA" if non-U.S. address)	OK	
	Zip/Postal Code	73070	
	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	CPA		
By Whom Appointed or Elected	Governor appointee		
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 from 0.0 to 100.0)	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	00.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes	

Ownership Information		
FRN	9990151095	
Name	Robert Joseph Ross	
Address	PO Box	
	Street 1	210 Park Avenue
	Street 2	Suite 3150
	City	Oklahoma City
	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	73102
	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>	Attorney	
<b>By Whom Appointed or Elected</b>	Governor appointee	
<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>	14.3%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	00.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		Yes

<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
--	-----

<b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  If " <u>Yes</u> ," 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.

A vertical ownership structure exhibit is not required since the licensee does not have a parent entity.

Section III - Certification

Certification

Section	Question	Response
<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>President</b> Exact Legal Title or Name of Respondent: <b>Cameron University</b> Name: <b>Doctor John McArthur</b> Phone: <b>5805812472</b>  10/17/2023
----------------------	---	--