



(REFERENCE COPY - Not for submission)

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

File Number: 0000238262 | Submit Date: 2024-02-05 | FRN: 0005082094

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 02/05/2024

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0005082094		Community Public Radio, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 6767	Athens	GA	30604	+1 (770) 596-0739	communitypublicradio@gmail.com

2. Contact Representative

Name		Organization			
E. Morgan Skinner, Jr.		Rockwell Media Service, LLC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 1194 158 West 1600 South Suite 200	St. George	UT	84771	+1 (435) 634-1400	morgan@rockwellmedia.net

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees
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
Community Public Radio, Inc.	0005082094

Fac. ID No.	Call Sign	City	State	Service
122086	WNEE	PATTERSON	GA	FM
762474	WCFD	CRAWFORDVILLE	FL	FM
762494	KRAM	BORREGO SPRINGS	CA	FM
766434	WNBA	MILLEDGEVILLE	GA	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	0005082094	
Entity Name	Community Public Radio, Inc.	
Address	PO Box	6767
	Street 1	
	Street 2	
	City	Athens
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	30604

	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	9990151390	
Name	Lowell Jackson	
Address	PO Box	
	Street 1	4205 Central River Park
	Street 2	
	City	Berkeley Lake
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	30096
	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	Retired USAFR	
By Whom Appointed or Elected	Governing 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	40.0%
	Equity	00.0%
	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?	No
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Ownership Information		
FRN	9990151391	
Name	Penny Jackson	
Address	PO Box	
	Street 1	4205 Central River Park
	Street 2	
	City	Berkeley Lake
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	30096
	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	Retire Business Executive	
By Whom Appointed or Elected	Governing 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	30.0%
	Equity	00.0%
	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?		No

Ownership Information		
FRN	9990151392	
Name	Travis Bray	
Address	PO Box	
	Street 1	4255 Essex Pond Way
	Street 2	
	City	Cumming

	<b>State ("NA" if non-U.S. address)</b>	GA
	<b>Zip/Postal Code</b>	30040
	<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, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Business Executive	
<b>By Whom Appointed or Elected</b>	Governing Board	
<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>	10.0%
	<b>Equity</b>	00.0%
	<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>		No

Ownership Information		
<b>FRN</b>	9990151393	
<b>Name</b>	Grace Bray	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	4255 Essex Pond Way
	<b>Street 2</b>	
	<b>City</b>	Cumming
	<b>State ("NA" if non-U.S. address)</b>	GA
	<b>Zip/Postal Code</b>	30040
	<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, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Business Executive	
<b>By Whom Appointed or Elected</b>	Governing 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	10.0%
	Equity	00.0%
	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?		No

Ownership Information		
FRN	9990151394	
Name	Abraham Debela	
Address	PO Box	
	Street 1	3670 Montrose Pond Walk
	Street 2	
	City	Duluth
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	30096
	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	Engineer	
By Whom Appointed or Elected	Governing 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	10.0%
	Equity	00.0%
	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?		No

<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 " <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
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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</b> Exact Legal Title or Name of Respondent: <b>Community Public Radio, Inc.</b> Name: <b>Penny Jackson</b> Phone: <b>7705960739</b>  02/05/2024