



(REFERENCE COPY - Not for submission)

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

File Number: 0000042654 | Submit Date: 2018-02-20 | FRN: 0017612664

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Submitted | Status Date:  
02/20/2018 | Filing Status: Active

## Section I - General Information

### 1. Respondent

FRN	Entity Name				
0017612664	The Chickasaw Nation				
Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
P.O. Box 1548	Ada	OK	74821-1548	+1 (580) 272-5267	brian.brashier@chickasaw.net

### 2. Contact Representative

Name	Organization				
David D. Oxenford	Wilkinson Barker Knauer, LLP				
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783-4141	doxenford@wbklaw.com

### 3. Application Filing Fee

Not Applicable

### 4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licenses
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	10/01/2017

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
The Chickasaw Nation	0017612664

Fac ID No.	Call Sign	City	State	Service
9941	KYKC	BYNG	OK	FM
28053	KTLS-FM	HOLDENVILLE	OK	FM
33259	KADA	ADA	OK	AM
33488	KADA-FM	ADA	OK	FM
82533	KXFC	COALGATE	OK	FM
88713	KGNP	ADA	OK	FM
177138	KAZC	DICKSON	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 required to be filed pursuant to 47 C.F.R. Section 73.3613 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(j).

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	0017612664
Entity Name	The Chickasaw Nation
Address	PO Box
	Street 1 P.O. Box 1548
	Street 2

	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74821-1548
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	
<b>Positional Interests (check all that apply)</b>	Respondent	
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity	
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	0.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<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>	9990124634	
<b>Name</b>	Beth Alexander	
<b>Address</b>	<b>PO Box</b>	2669
	<b>Street 1</b>	
	<b>Street 2</b>	
	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests (check all that apply)</b>	Other - Legislator	
<b>Principal Profession or Occupation</b>	Fulltime Legislator	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<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>	American Indian or Alaska Native

<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	8.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? **No**

**Ownership Information**

<b>FRN</b>	9990124636	
<b>Name</b>	Bill Anoalubby	
<b>Address</b>	<b>PO Box</b>	2669
	<b>Street 1</b>	
	<b>Street 2</b>	
	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<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)	Other - Governor	
<b>Principal Profession or Occupation</b>	Governor of the Chickasaw Nation	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<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>	American Indian or Alaska Native
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? **No**

**Ownership Information**

<b>FRN</b>	9990124628	
<b>Name</b>	Connie Barker	
<b>Address</b>	<b>PO Box</b>	2669

**Street 1**  
**Street 2**  
**City** Ada  
**State ("NA" if non-U.S. address)** OK  
**Zip/Postal Code** 74820  
**Country (if non-U.S. address)** United States

**Listing Type** Other Interest Holder  
**Positional Interests (check all that apply)** Other - Legislator  
**Principal Profession or Occupation** Clinic Director at Mercy Health Love County  
**By Whom Appointed or Elected** Registered Voters of the Chickasaw Nation

**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** 8.0%  
**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** 9990124625  
**Name** Lisa J. Bily  
**Address**  
**PO Box**  
**Street 1** P.O. Box 2669  
**Street 2**  
**City** Ada  
**State ("NA" if non-U.S. address)** OK  
**Zip/Postal Code** 74820  
**Country (if non-U.S. address)** United States

**Listing Type** Other Interest Holder  
**Positional Interests (check all that apply)** Other - Legislator

<b>Principal Profession or Occupation</b>	Fulltime Legislator	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<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>	American Indian or Alaska Native
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	8.0%
	<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> <input type="checkbox"/> No		

Ownership Information		
<b>FRN</b>	9990124629	
<b>Name</b>	Linda Briggs	
<b>Address</b>	<b>PO Box</b>	2669
	<b>Street 1</b>	
	<b>Street 2</b>	
	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<b>Country (If non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests (check all that apply)</b>	Other - Legislator	
<b>Principal Profession or Occupation</b>	Fulltime Legislator	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<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>	American Indian or Alaska Native
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	8.0%
	<b>Equity</b>	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 9990124632  
Name Tim Colbert  
Address PO Box 2669  
Street 1  
Street 2  
City Ada  
State ("NA" if non-U.S. address) OK  
Zip/Postal Code 74820  
Country (if non-U.S. address) United States

Listing Type Other Interest Holder  
Positional Interests (check all that apply) Other - Legislator  
Principal Profession or Occupation Fulltime Legislator  
By Whom Appointed or Elected Registered Voters of the Chickasaw Nation  
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 (enter percentage values from 0.0 to 100.0)  
Voting 8.0%  
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 9990124620  
Name Nancy Elliott  
Address PO Box  
Street 1 P.O. Box 2669  
Street 2

	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<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)	Other - Legislator	
<b>Principal Profession or Occupation</b>	Retired	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<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>	American Indian or Alaska Native
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	8.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

**Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?** No

**Ownership Information**

<b>FRN</b>	9990124623	
<b>Name</b>	Karen Goodnight	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	P.O. Box 2969
	<b>Street 2</b>	
	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<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)	Other - Legislator	
<b>Principal Profession or Occupation</b>	Leadership Consultant	

<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<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>	American Indian or Alaska Native
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	8.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?  No

**Ownership Information**

<b>FRN</b>	9990124630	
<b>Name</b>	Shana Tate Hammond	
<b>Address</b>	<b>PO Box</b>	2669
	<b>Street 1</b>	
	<b>Street 2</b>	
	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests (check all that apply)</b>	Other - Legislator	
<b>Principal Profession or Occupation</b>	Fulltime Legislator	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<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>	American Indian or Alaska Native
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	8.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? No

**Ownership Information**

FRN 9990124621

Name Lisa Impson

Address PO Box

Street 1 P.O. Box 2669

Street 2

City Ada

State ("NA" if non-U.S. address) OK

Zip/Postal Code 74820

Country (if non-U.S. address) United States

Listing Type Other Interest Holder

Positional Interests (check all that apply) Other - Legislator

Principal Profession or Occupation Attorney

By Whom Appointed or Elected Registered Voters of the Chickasaw Nation

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 8.0%

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 9990124015

Name Toby Perkins

Address PO Box

Street 1 P.O. Box 2669

Street 2

City Ada

	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	74820
	Country (if non-U.S. address)	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Other - Legislator	
<b>Principal Profession or Occupation</b>	Director of Marketing Operations	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	Voting	8.0%
	Equity	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? No

**Ownership Information**

<b>FRN</b>	9990124627	
<b>Name</b>	David Woerz	
<b>Address</b>	PO Box	2669
	Street 1	
	Street 2	
	City	Ada
	State ("NA" if non-U.S. address)	OK
	Zip/Postal Code	74820
	Country (if non-U.S. address)	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Other - Legislator	
<b>Principal Profession or Occupation</b>	Administration	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation	

<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>	American Indian or Alaska Native
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	8.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? No

**Ownership Information**

<b>FRN</b>	9990124631	
<b>Name</b>	Scott Wood	
<b>Address</b>	<b>PO Box</b>	2669
	<b>Street 1</b>	
	<b>Street 2</b>	
	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<b>Country (if non-U.S. address)</b>	United States

<b>Listing Type</b>	Other Interest Holder
<b>Positional Interests (check all that apply)</b>	Other - Legislator
<b>Principal Profession or Occupation</b>	Chiropractor
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chickasaw Nation

<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>	American Indian or Alaska Native
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	8.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? No

**Ownership Information**

<b>FRN</b>	9990124633	
<b>Name</b>	Steve Woods	
<b>Address</b>	<b>PQ Box</b>	2669
	<b>Street 1</b>	
	<b>Street 2</b>	
	<b>City</b>	Ada
	<b>State ("NA" if non-U.S. address)</b>	OK
	<b>Zip/Postal Code</b>	74820
	<b>Country (If non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests (check all that apply)</b>	Other - Legislator	
<b>Principal Profession or Occupation</b>	Fulltime Legislator	
<b>By Whom Appointed or Elected</b>	Registered Voters of the Chlokasaw Nation	
<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>	American Indian or Alaska Native
<b>Interest Percentages (enter percentage values from 0.0 to 100.0)</b>	<b>Voting</b>	8.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

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. **Yes**  
 If "No," submit as an exhibit an explanation.

(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 Licensees 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 Chickasaw Nation is a single level licensee.

### 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>Governor</b> Exact Legal Title or Name of Respondent: <b>The Chickasaw Nation</b> Name: <b>Bill Anoatubby</b> Phone: <b>5803321212</b>  02/20/2018