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

Approved by OMB (Office of Management and Budget) 3060-0084

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Application Submitted

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General Information

Application Purpose: Noncommercial Broadcast
Stations Biennial Ownership
Report

Filing Type: Biennial

Filing Information: Licensee

"As Of" Filing Date: 10/01/2017

Status: Submitted

Date Submitted: 12/21/2017

Respondent Information

Name: Eastern Illinois University

Address: 600 Lincoln Avenue

Charleston, IL 61920

US

Phone: +1 (217) 581-5956

Email: jdowens@eiu.edu

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Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Phone: 1-888-225-5322

TTY: 1-888-835-5322

Fax: 1-866-418-0232

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2009 Recovery and Reinvestment Act
(<http://www.fcc.gov/encyclopedia/american-recovery-and-reinvestment-act-2009>)



(REFERENCE COPY - Not for submission)

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

File Number: 0000036690 | Submit Date: 2017-12-21 | FRN: 0008114431

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Submitted | Status Date:
12/21/2017 | Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0008114431	Eastern Illinois University

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
600 Lincoln Avenue	Charleston	IL	61920	+1 (217) 581-5956	jdowens@eiu.edu

2. Contact Representative

Name	Organization
Richard A. Helmick	Cohn and Marks LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1101 17th Street, N.W. Suite 1001	Washington	DC	20036	+1 (202) 452-4831	richard.helmick@cohnmarks.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	10/01/2017 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
Eastern Illinois University	0008114431

Fac. ID No.	Call Sign	City	State	Service
18299	WEIU	CHARLESTON	IL	FM
18301	WEIU-TV	CHARLESTON	IL	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 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(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	0008114431	
Entity Name	Eastern Illinois University	
Address	PO Box	
	Street 1	600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	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	9990118299	
Name	Dr. David Glassman	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Eastern Illinois University President	
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)	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	9990118300	
Name	Dr. Jay Gatrell	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Provost and VP for Academic Affairs, Eastern Illinois University	
By Whom Appointed or Elected	University President	
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)	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	9990118301	
Name	Paul McCann	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920

	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Interim VP for Business Affairs, Eastern Illinois University	
By Whom Appointed or Elected	University President	
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)	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	9990118302	
Name	Lynette F. Drake	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Interim Vice President for Student Affairs, Eastern Illinois University	
By Whom Appointed or Elected	University President	
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	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	9990118303	
Name	Joseph Dively	
Address	PO Box	
	Street 1	c/o Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Chairman of Board Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Banking	
By Whom Appointed or Elected	Governor of Illinois	
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)	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	9990118330

Name	Timothy Burke	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Vice Chair of Board Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	CPA	
By Whom Appointed or Elected	Governor of Illinois	
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)	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	9990118331	
Name	Barbara Baurer	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	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	retired	
By Whom Appointed or Elected	Governor of Illinois	
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	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	9990118332	
Name	Daniel Caulkins	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Pro Tem appointment Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	health care industry	
By Whom Appointed or Elected	Governor of Illinois	
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)	Voting	0.0%

from 0.0 to 100.0)	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	9990118333	
Name	Dr. Jan Spivey Gilchrist	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	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	writer	
By Whom Appointed or Elected	Governor of Illinois	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
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	9990118334	
Name	Phillip Thompson	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue

	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	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	Alumni Director McKendree University	
By Whom Appointed or Elected	Governor of Illinois	
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	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	9990118335	
Name	Carl Mito	
Address	PO Box	
	Street 1	c/o 600 Lincoln Avenue
	Street 2	
	City	Charleston
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61920
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Secretary, Board of Trustees	

Principal Profession or Occupation	Investments	
By Whom Appointed or Elected	Governor of Illinois	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Asian
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

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(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 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: Interlm VP for Business Affairs Exact Legal Title or Name of Respondent: Eastern Illinois University Name: Paul A. McCann Phone: 2175812921 12/21/2017
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