Ownership Report For Noncommercial Educational Broadcast Station

Read INSTRUCTIONS Before Filling Out Form

Section I - General

1. Legal Name of the Licensee/Permittee
   MOREHEAD STATE UNIVERSITY/WMKY
   Mailing Address
   150 UNIVERSITY BLVD BOX 903
   MOREHEAD STATE UNIVERSITY
   City
   MOREHEAD
   State or Country (if foreign address)
   KY
   ZIP Code
   40351 - 1684
   Telephone Number (include area code)
   6067832334
   E-Mail Address (if available)
   PHITCHC@MOREHEADSTATE.EDU
   FCC Registration Number:
   0001792233
   Call Sign
   WMKY
   Facility ID Number
   43765

2. Contact Representative (if other than Licensee/Permittee)
   WILLIAM D. SILVA
   Firm or Company Name
   LAW OFFICES OF WILLIAM D. SILVA
   Mailing Address
   P.O. BOX 1121
   City
   STEVENSVILLE
   State or Country (if foreign address)
   MD
   ZIP Code
   21666 -
   Telephone Number (include area code)
   4103490109
   E-Mail Address (if available)
   BILL@WMSILVALAW.COM

3. Name of entity, if other than licensee or permittee, for which report is filed
   Mailing Address
   City
   State or Country (if foreign address)
   ZIP Code
   -
   Telephone Number (include area code)
   E-Mail Address (if available)

Section II - Ownership Information

4. All of the information furnished in this Report is accurate as of 3/1/2016 (Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.)

This Report is filed for (check one)
   a. ☐ Biennial       b. ☐ Transfer of Control or Assignment of License/Permit
   c. ☐ Other
   d. ☐ Amendment to pending application
for the following stations:

[Enter Station Information]

**Station List**

This Report is filed for the following stations:

<table>
<thead>
<tr>
<th>Call Letters</th>
<th>Facility ID Number</th>
<th>Location (City/State)</th>
<th>Class of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMKY</td>
<td>43765</td>
<td>MOREHEAD KY</td>
<td>FM</td>
</tr>
<tr>
<td>W202BH</td>
<td>88510</td>
<td>INEZ KY</td>
<td>TX</td>
</tr>
</tbody>
</table>

5. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

**Contracts/Instruments Information**

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

<table>
<thead>
<tr>
<th>Description of Contract or Instrument</th>
<th>Name of person or organization with whom contract is made</th>
<th>Date of Execution (mm/dd/yyyy)</th>
<th>Date of Expiration (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NETWORK AFFILIATION</td>
<td>NATIONAL PUBLIC RADIO</td>
<td>7/1/1980</td>
<td>9/30/2016</td>
</tr>
<tr>
<td>NETWORK AFFILIATION</td>
<td>PUBLIC RADIO INTERNATIONAL</td>
<td>7/1/1982</td>
<td>6/30/2016</td>
</tr>
</tbody>
</table>

6. Is the governing board directly or indirectly under the control of another entity?  
   If Yes, is a separate FCC Form 323-E submitted for such entity?  
   Yes ☐ No ☑

7. List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.  
   [Enter Owner Information]

**Owner Information**

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.  
(Read carefully - The numbered items below refer to line numbers in the following table.)
### Austin G. Casebolt
- **Name and Address**: AUSTIN G. CASEBOLT, 203A ADRON DORAN UNIVERSITY CENTER, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351
- **Citizenship**: US
- **Office Held**: MEMBER
- **Percent of Interest Held**: 0
- **Principal Profession or Occupation**: STUDENT REPRESENTATIVE
- **By Whom Appointed or Elected**: STUDENT BODY
- **Existing Interests**: NONE

### Eric E. Howard
- **Name and Address**: ERIC E. HOWARD, 1145 WINTER HAVEN WAY, LEXINGTON, KY 40509
- **Citizenship**: US
- **Office Held**: MEMBER
- **Percent of Interest Held**: 0
- **Principal Profession or Occupation**: HUMAN RESOURCES MANAGER
- **By Whom Appointed or Elected**: KENTUCKY GOVERNOR
- **Existing Interests**: NONE

### Paul C. Goodpaster
- **Name and Address**: PAUL C. GOODPASTER, 114 W MAIN STREET, MOREHEAD, KY 40351
- **Citizenship**: US
- **Office Held**: CHAIR
- **Percent of Interest Held**: 0
- **Principal Profession or Occupation**: BANK OFFICER
- **By Whom Appointed or Elected**: KENTUCKY GOVERNOR
- **Existing Interests**: NONE

### Wayne M. Martin
- **Name and Address**: WAYNE M. MARTIN, 385 BOONE AVE, WINCHESTER, KY 40391
- **Citizenship**: US
- **Office Held**: MEMBER
<table>
<thead>
<tr>
<th>a. Name and Address</th>
<th>CRAIG PREECE, P.O. BOX 190, LOVELY, KY 41231</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Citizenship</td>
<td>US</td>
</tr>
<tr>
<td>c. Office held</td>
<td>MEMBER</td>
</tr>
<tr>
<td>d. Percent of interest held</td>
<td>0</td>
</tr>
<tr>
<td>e. Principal profession or occupation</td>
<td>TELEVISION CONSULTANT</td>
</tr>
<tr>
<td>f. By whom appointed or elected</td>
<td>GOVERNOR OF KENTUCKY</td>
</tr>
<tr>
<td>g. Existing interests</td>
<td>NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a. Name and Address</th>
<th>KATHY WALKER, P.O. BOX 1718, PAINTSVILLE, KY 41240</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Citizenship</td>
<td>US</td>
</tr>
<tr>
<td>c. Office held</td>
<td>MEMBER</td>
</tr>
<tr>
<td>d. Percent of interest held</td>
<td>0</td>
</tr>
<tr>
<td>e. Principal profession or occupation</td>
<td>CHIEF EXECUTIVE OFFICER</td>
</tr>
<tr>
<td>f. By whom appointed or elected</td>
<td>GOVERNOR OF KENTUCKY</td>
</tr>
<tr>
<td>g. Existing interests</td>
<td>NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a. Name and Address</th>
<th>PATRICK E. PRICE, 130 WILLIAM STREET, FLEMINGSBURG, KY 41041</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Citizenship</td>
<td>US</td>
</tr>
<tr>
<td>c. Office held</td>
<td>MEMBER</td>
</tr>
<tr>
<td>d. Percent of interest held</td>
<td>0</td>
</tr>
<tr>
<td>e. Principal profession or occupation</td>
<td>ATTORNEY</td>
</tr>
<tr>
<td>f. By whom appointed or elected</td>
<td>GOVERNOR OF KENTUCKY</td>
</tr>
<tr>
<td>g. Existing interests</td>
<td>NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a. Name and Address</th>
<th>ROYAL BERGLEE, UPO 0593, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Citizenship</td>
<td>US</td>
</tr>
<tr>
<td>c. Office held</td>
<td>FACULTY REGENT</td>
</tr>
<tr>
<td>d. Percent of interest held</td>
<td>0</td>
</tr>
<tr>
<td>e. Principal profession or occupation</td>
<td>ACADEMIC</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>a. Name and Address</th>
<th>b. Citizenship</th>
<th>c. Office held</th>
<th>d. Percent of interest held</th>
<th>e. Principal profession or occupation</th>
<th>f. By whom appointed or elected</th>
<th>g. Existing interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR. KEVIN W. PUGH, 110 GRANDVIEW DRIVE, PIKEVILLE, KY 41501</td>
<td>US</td>
<td>MEMBER</td>
<td>0</td>
<td>SURGEON</td>
<td>GOVERNOR OF KENTUCKY</td>
<td>NONE</td>
</tr>
<tr>
<td>SHARON S. REYNOLDS, 202 HOWELL-MCDOWELL, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351</td>
<td>US</td>
<td>SECRETARY</td>
<td>0</td>
<td>STAFF</td>
<td>MOREHEAD STATE UNIVERSITY</td>
<td>NONE</td>
</tr>
<tr>
<td>SHANNON L. HARR, GINGER HALL 901, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351</td>
<td>US</td>
<td>MEMBER</td>
<td>0</td>
<td>UNIVERSITY STAFF</td>
<td>STAFF OF UNIVERSITY</td>
<td>NONE</td>
</tr>
<tr>
<td>DEBORAH H. LONG, C/O DUDLEY’S ON SHORT, 259 W. SHORT STREET, LEXINGTON, KY 40507</td>
<td>US</td>
<td>MEMBER</td>
<td>0</td>
<td>BUSINESS OWNER</td>
<td>KENTUCKY GOVERNOR</td>
<td>NONE</td>
</tr>
</tbody>
</table>
f. By whom appointed or elected.

MOREHEAD STATE UNIVERSITY

g. Existing interests

NONE

a. Name and Address.

BETH PATRIC K, 305 HOWELL-MCDOWELL, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351

b. Citizenship.

US
c. Office held.

TREASURER
d. Percent of interest held.

0
e. Principal profession or occupation.

MSU CHIEF FINANCIAL OFFICER

f. By whom appointed or elected.

MOREHEAD STATE UNIVERSITY
g. Existing interests

NONE

SECTION III - CERTIFICATION

I certify that I am MANAGER

(Official Title)

of WMKY-MOREHEAD STATE UNIVERSITY

(Exact legal title or name of respondent)

and 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.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature

PAUL WILSON HITCHCOCK

Date

2/26/2016

Telephone Number of Respondent (Include area code) 6067832334

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).

Exhibits