



THE STATE UNIVERSITY *of* NEW YORK

*Office of the
University Counsel*

*State University Plaza
Albany, New York
12246*

*518 443 5400
fax - 518 443 5409*

www.suny.edu

February 2, 2006

To: All Station Representatives
From: Lisa S. Campo *Lisa S. Campo*
Re: State University of New York
Application for Renewal of Broadcast Station License

I'm pleased to report that all forms have been filed in relation to the station license renewals. Enclosed for your information and insertion in your public information file is a copy of FCC Form 323-E, the 2006 Ownership Report; FCC Form 396, the Broadcast Equal Employment Opportunity Program Report; and FCC Form 303-S, Application for Renewal of Broadcast Station License.

Thank you all for your assistance in providing the information necessary to complete these documents.

Enclosures

Federal Communications Commission

FCC MB - CDBS Electronic Filing

Account number: 344767

Description: WETD EEO REPORT

Application Reference Number: 20060125AEP

Successfully filed at Jan 25 2006 2:35PM

Based on the information supplied, no fee is required.

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Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0113 (March 2003)	FOR FCC USE ONLY
FCC 396		
BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT (To be filed with broadcast license renewal application)		FOR COMMISSION USE ONLY FILE NO. -
Read INSTRUCTIONS Before Filling Out Form		

Section I

Legal Name of the Licensee STATE UNIVERSITY OF NEW YORK		
Mailing Address STATE UNIVERSITY PLAZA		
City ALBANY	State or Country (if foreign address) NY	Zip Code 12246 -
Telephone Number (include area code) 5184435400	E-Mail Address (if available)	
Facility ID Number 63129		Call Sign WETD
TYPE OF BROADCAST STATION: (if applicable)	Commercial Broadcast Station <input type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International	Noncommercial Broadcast Station <input checked="" type="radio"/> Educational Radio <input type="radio"/> Educational TV

Application Purpose

- ☒ New Program Report
☐ Amendment to Program Report

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through II should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

[Stations Locations]

Station List

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
WETD	63129	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	ALFRED, NY	<input type="radio"/> Yes <input checked="" type="radio"/> No

CONTACT PERSON IF OTHER THAN LICENSEE

Name LISA S. CAMPO			Street Address STATE UNIVERSITY PLAZA S-325
City ALBANY	State NY	Zip Code 12246-	Telephone Number 5184435400

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

DISCRIMINATION COMPLAINTS. Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)? ☐ Yes ☒ No

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

[Exhibit 1]

Does your station employment unit employ fewer than five full-time employees? ☒ Yes ☐ No

Consider as "full-time" employees all those permanently working 30 or more hours a week.

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

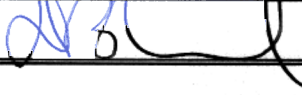
CERTIFICATION.

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Name of Respondent DANIEL B. SHEPPARD
Title ASSOCIATE VICE CHANCELLOR FOR FINANCE & BUSINESS	Telephone No. (include area code) 5184435168
Date 1/24/06	

Federal Communications Commission

FCC MB - CDBS Electronic Filing

Account number: 344767

Description: WETD LICENSE RENEWAL

Application Reference Number: 20060131AOX

Successfully filed at Jan 31 2006 2:54PM

Based on the information supplied, no fee is required.

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Federal Communications Commission Washington, D.C. 20554 FCC 303-S	Approved by OMB 3060-0110 (July 2004) FOR FCC USE ONLY
APPLICATION FOR RENEWAL OF BROADCAST STATION LICENSE Read INSTRUCTIONS Before Filling Out Form	FOR COMMISSION USE ONLY FILE NO. - 20060131AOX


Section I - General Information- TO BE COMPLETED BY ALL APPLICANTS

1. Legal Name of the Applicant STATE UNIVERSITY OF NEW YORK Mailing Address STATE UNIVERSITY PLAZA <table border="1"> <tr> <td data-bbox="154 556 954 678"> City ALBANY </td> <td data-bbox="954 556 1161 678"> State or Country (if foreign address) NY </td> <td data-bbox="1161 556 1463 678"> ZIP Code 12246 - </td> </tr> </table> <table border="1"> <tr> <td data-bbox="154 678 954 751"> Telephone Number (include area code) 5184435400 </td> <td data-bbox="954 678 1463 751"> E-Mail Address (if available) </td> </tr> </table> <table border="1"> <tr> <td data-bbox="154 751 553 814"> FCC Registration Number: 0008247116 </td> <td data-bbox="553 751 954 814"> Call Sign WETD </td> <td data-bbox="954 751 1463 814"> Facility Identifier 63129 </td> </tr> </table>	City ALBANY	State or Country (if foreign address) NY	ZIP Code 12246 -	Telephone Number (include area code) 5184435400	E-Mail Address (if available)	FCC Registration Number: 0008247116	Call Sign WETD	Facility Identifier 63129	
City ALBANY	State or Country (if foreign address) NY	ZIP Code 12246 -							
Telephone Number (include area code) 5184435400	E-Mail Address (if available)								
FCC Registration Number: 0008247116	Call Sign WETD	Facility Identifier 63129							
2. Contact Representative (if other than Applicant) LISA S. CAMPO Mailing Address STATE UNIVERSITY PLAZA S-325 <table border="1"> <tr> <td data-bbox="154 982 553 1056"> City ALBANY </td> <td data-bbox="553 982 954 1056"> State or Country (if foreign address) NY </td> <td data-bbox="954 982 1463 1056"> Zip Code 12246 - </td> </tr> </table> <table border="1"> <tr> <td data-bbox="154 1056 954 1119"> Telephone Number (include area code) 5184435400 </td> <td data-bbox="954 1056 1463 1119"> E-Mail Address (if available) LISA.CAMPO@SUNY.EDU </td> </tr> </table>	City ALBANY	State or Country (if foreign address) NY	Zip Code 12246 -	Telephone Number (include area code) 5184435400	E-Mail Address (if available) LISA.CAMPO@SUNY.EDU				
City ALBANY	State or Country (if foreign address) NY	Zip Code 12246 -							
Telephone Number (include area code) 5184435400	E-Mail Address (if available) LISA.CAMPO@SUNY.EDU								
3. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Noncommercial Educational Licensee <input type="radio"/> Other									
4. Purpose of Application <input checked="" type="radio"/> Renewal of license <input type="radio"/> Amendment to pending renewal application If an amendment, submit as an exhibit a listing by Section and Item Number the portions of the [Exhibit 1] pending application that are being revised.									
5. Facility Information: <input type="radio"/> Commercial <input checked="" type="radio"/> Noncommercial Educational									
6. Service and Community of License a. <input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV <input type="radio"/> FM Translator <input type="radio"/> LPFM <input type="radio"/> TV Translator <input type="radio"/> Low Power TV <input type="radio"/> Class A TV <table border="1"> <tr> <td colspan="2" data-bbox="186 1596 1008 1638"> Community of License /Area to be Served </td> </tr> <tr> <td data-bbox="186 1638 748 1680"> City: ALFRED </td> <td data-bbox="748 1638 1008 1680"> State : NY </td> </tr> </table> b. Does this application include one or more FM translator station(s), or TV translator station(s), LPTV station(s), in addition to the station listed in Section I question 1? (The callsign(s) of any associated FM translators, TV translators or LPTVs will be requested in Section V). <input type="radio"/> Yes <input checked="" type="radio"/> No	Community of License /Area to be Served		City: ALFRED	State : NY					
Community of License /Area to be Served									
City: ALFRED	State : NY								
7. Other Authorizations. List call signs, facility identifiers and location(s) of any FM booster or TV booster station(s) for which renewal of license is also requested. [Exhibit 2]									

Section II - Legal - TO BE COMPLETED BY ALL APPLICANTS

1.	Certification. Licensee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application, instructions and worksheets.	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	Character Issues. Licensee certifies that the neither the licensee nor any party to the application has or has had any interest in, or connection with:	
	a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
	b. any pending broadcast application in which character issues have been raised.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
3.	Adverse Findings. Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
4.	FCC Violations during the Preceding License Term. Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If No, the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
5.	Alien Ownership and Control. Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
6.	Anti-Drug Abuse Act Certification. Licensee certifies that neither licensee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

Typed or Printed Name of Person Signing DANIEL B. SHEPPARD	Typed or Printed Title of Person Signing ASSOCIATE VICE CHANCELLOR FOR FINANCE & BUSINESS
Signature 	Date 1/30/06

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).

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on this report, the report may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authority. We have estimated that each response to this collection of information will average 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0110), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to Leslie.Smith@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control

20554. We will also accept your comments via the Internet if you send them to Leslie.Smith@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0110.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.

Section III - TO BE COMPLETED BY AM and FM LICENSEES ONLY

1. Biennial Ownership Report: Licensee certifies that the station's Biennial Ownership Report (FCC Form 323 or 323-E) has been filed with the Commission as required by 47 C.F.R. Section 73.3615.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 8]
2. EEO Program: Licensee certifies that:	
a. The station's Broadcast EEO Program Report (FCC Form 396) has been filed with the Commission, as required by 47 C.F.R. Section 73.2080(f)(1). Specify FCC Form 396 File Number : B396 - 20060125AEP	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 9]
b. The station has posted its most recent Broadcast EEO Public File Report on the station's website, as required by 47 C.F.R. Section 73.2080(c)(6).	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 10]
3. Local Public File. Licensee certifies that the documentation, required by 47 C.F.R. Section 73.3526 or 73.3527, as applicable, has been placed in the station's public inspection file at the appropriate times.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 11]
4. Discontinued Operations. Licensee certifies that during the preceding license term, the station has not been silent for any consecutive 12-month period.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 12]
5. Silent Station Licensee certifies that the station is currently on the air broadcasting programming intended to be received by the public.	<input checked="" type="radio"/> Yes <input type="radio"/> No
6. Environmental Effects. Licensee certifies that the specified facility complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments. Unless the licensee can determine compliance through the use of the RF worksheets in the Instructions to this Form, an Exhibit is required. By checking "Yes" above, the licensee also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower, or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 13]

Exhibits

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 344767

Description: OWNERSHIP REPORT FOR LICENSE RENEWAL
Application Reference Number: 20060126AAQ
Successfully filed at Jan 26 2006 9:35AM

Based on the information supplied, no fee is required.

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Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0084 (June 2002)	FOR FCC USE ONLY
FCC 323-E		
Ownership Report For Noncommercial Educational Broadcast Station		FOR COMMISSION USE ONLY FILE NO. -
Read INSTRUCTIONS Before Filling Out Form		

Section I - General

1.	Legal Name of the Licensee/Permittee STATE UNIVERSITY OF NEW YORK		
	Mailing Address STATE UNIVERSITY PLAZA		
	City ALBANY	State or Country (if foreign address) NY	ZIP Code 12246 -
	Telephone Number (include area code) 5184435400		E-Mail Address (if available)
	FCC Registration Number:	Call Sign WCDB	Facility ID Number 63125
2.	Contact Representative (if other than Licensee/Permittee) LISA S. CAMPO		
	Firm or Company Name STATE UNIVERSITY OF NEW YORK		
	Telephone Number (include area code) 5184435400		E-Mail Address (if available) LISA.CAMPO@SUNY.EDU
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 01/24/2006 (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. <input type="radio"/> Biennial b. <input type="radio"/> Transfer of Control or Assignment of License/Permit c. <input checked="" type="radio"/> Other d. <input type="radio"/> Amendment to pending application
	for the following stations:
	[Enter Station Information]
	Station List This Report is filed for the following stations:

Call Letters	Facility ID Number	Location (City/State)	Class of service
WCDB	63125	ALBANY NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WHRW	63105	BINGHAMTON NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WBFO	63113	BUFFALO NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WOLN	63116	OLEAN NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WUBJ	63120	JAMESTOWN NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WUSB	63110	STONY BROOK NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WBSU	63118	BROCKPORT NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WBNY	63117	BUFFALO NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WSUC-FM	63111	CORTLAND NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WGSU	63124	GENESEO NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WFNP	63126	ROSENDALE NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WRVO	63115	OSWEGO NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WRVN	63130	UTICA NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WRVJ	63108	WATERTOWN NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WQKE	63128	PLATTSBURGH NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WETD	63129	ALFRED NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WNYO	63122	OSWEGO NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WAIH	63107	POTSDAM NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WCVF-FM	4302	FREDONIA NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WRVD	63131	SYRACUSE NY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WONY	63109	ONEONTA NY	FM

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]

6. Is the governing board directly or indirectly under the control of another entity? ☐ Yes ☒ No
 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.)

a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.

b. Citizenship.

c. Office held.

d. Percent of interest held.

e. Principal profession or occupation.

f. By whom appointed or elected.

g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	JOHN R. RYAN, ALBANY, NEW YORK
b. Citizenship.	US

c. Office held.	CHANCELLOR
d. Percent of interest held.	
e. Principal profession or occupation.	
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	

a. Name and Address.	ELIZABETH D. CAPALDI, REXFORD, NEW YORK
b. Citizenship.	US
c. Office held.	VICE CHANCELLOR AND CHIEF OF STAFF
d. Percent of interest held.	
e. Principal profession or occupation.	
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	

a. Name and Address.	DANIEL B. SHEPPARD, MENANDS, NEW YORK
b. Citizenship.	US
c. Office held.	ASSOCIATE VICE CHANCELLOR FOR FINANCE AND BUSINESS
d. Percent of interest held.	
e. Principal profession or occupation.	
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	

a. Name and Address.	PETER D. SALINS, PORT WASHINGTON, NEW YORK
b. Citizenship.	US
c. Office held.	PROVOST AND VICE CHANCELLOR FOR ACADEMIC AFFAIRS
d. Percent of interest held.	
e. Principal profession or occupation.	
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	

a. Name and Address.	D. ANDREW EDWARDS, JR., RENSSELAER, NEW YORK
b. Citizenship.	US
c. Office held.	UNIVERSITY COUNSEL
d. Percent of interest held.	
e. Principal profession or occupation.	

f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	

a. Name and Address.	JOHN O'CONNOR, ALBANY, NEW YORK
b. Citizenship.	US
c. Office held.	VICE CHANCELLOR AND SECRETARY OF THE UNIVERSITY
d. Percent of interest held.	
e. Principal profession or occupation.	
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	

a. Name and Address.	THOMAS F. EGAN, RYE, NEW YORK
b. Citizenship.	US
c. Office held.	CHAIRMAN & TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	BUSINESS EXECUTIVE
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	EDWARD F. COX, NEW YORK, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	CANDACE DE RUSSY, BRONXVILLE, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	EDUCATOR
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	ROBERT J. BELLAFFIORE, DELMAR, NEW YORK
----------------------	---

b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	PARTNER & DIRECTOR
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	MICHAEL E. RUSSELL, EAST SETAUKET, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	DIRECTOR OF INVESTMENT
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	HARVEY F. WACHSMAN, UPPER BROOKVILLE, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	PHYSICIAN / ATTORNEY
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	RANDY A. DANIELS, NEW YORK, NEW YORK
b. Citizenship.	US
c. Office held.	VICE CHAIRMAN
d. Percent of interest held.	
e. Principal profession or occupation.	CONSULTANT
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	TERESA SANTIAGO, HARTSDALE, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	COMMISSIONER

f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	AMINY I. AUDI, FAYETTEVILLE, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	BUSINESS PARTNER & EXECUTIVE VICE PRESIDENT
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	FATHER JOHN J. CREMINS, FOREST HILLS, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	PASTOR
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	GORDON R. GROSS, AMHERST, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	CHRISTOPHER P. CONNORS, NISKAYUNA, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	VICE PRESIDENT/BRITISH AMERICAN
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	CELINE R. PAQUETTE, CHAMPLAIN, NEW YORK
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b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	BUSINESS OWNER / PRESIDENT
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	PATRICIA A. STEVENS, ROCHESTER, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	COMMISSIONER
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	KIMBERLY CLINE
b. Citizenship.	US
c. Office held.	VICE CHANCELLOR AND CHIEF FINANCIAL OFFICER
d. Percent of interest held.	
e. Principal profession or occupation.	
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	

SECTION III - CERTIFICATION

I certify that I am ASSOCIATE VICE CHANCELLOR FOR FINANCE AND BUSINESS


of STATE UNIVERSITY OF NEW YORK

(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.)

<http://svartifoss2.fcc.gov/cgi-bin/ws.exe/prod/cdbforms/prod/cdbsmenu.htm?context=25&...> 1/26/2006

Signature DANIEL B. SHEPPARD		Date 1/24/06
Telephone Number of Respondent (Include area code) 5184435168		

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
