

THE STATE UNIVERSITY *of* NEW YORK



January 31, 2003

*Office of the  
University Counsel*

*State University Plaza  
Albany, New York  
12246*

*518 443 5400  
fax - 518 443 5409*

Secretary  
Federal Communications Commission  
Washington, D.C. 20554

Re: State University of New York  
Biennial Ownership Report

Dear Sir:

I enclose on behalf of the State University of New York noncommercial educational FM radio stations, an original and one copy of FCC Form 323-E.

I would appreciate your stamping on the copy as filed and returning it to my attention. If further information is required, please do not hesitate contacting me.

Sincerely yours,

A handwritten signature in cursive script that reads "Lisa S. Campo".

Lisa S. Campo  
Senior Paralegal

Enc.

c: Station Representatives

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0084 (September 2000)	FOR FCC USE ONLY
<b>FCC 323-E</b>		FOR COMMISSION USE ONLY FILE NO.
<b>Ownership Report For Noncommercial Educational Broadcast Station</b>		-
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)	
	Call Sign	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) CAMPOLS@SYSADM.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 1/21/2003 (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 checked="" type="radio"/> Biennial      b. <input type="radio"/> Transfer of Control or Assignment of License/Permit      c. <input type="radio"/> Other
	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
WRVD	63131	SYRACUSE 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

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

[Instrument Information]

Is directly or indirectly under the control of another entity? ☐ Yes ☒ No  
 Is FCC Form 323-E submitted for such entity? ☐ Yes ☒ No

List members of governing board, and holders of 1% or more ownership interest, if any. Use one column for individual or entity. Attach supplemental pages, if necessary.

[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.)

- 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.
- Citizenship.
- Office held.
- Percent of interest held.
- Principal profession or occupation.
- By whom appointed or elected.
- Existing interests in any other broadcast station, including the nature and size of such interests.



a. Name and Address.	ROBERT L. KING, CLIFTON PARK, 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.	DAVID RICHTER, ALBANY, NEW YORK
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	

a. Name and Address.	BRIAN T. STENSON, DELMAR, NEW YORK
b. Citizenship.	US
c. Office held.	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, NEW YORK, 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., LOUDONVILLE, 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.	
g. Existing interests	

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.	RICHARD P. MILLER, JR., ALBANY, NEW YORK
b. Citizenship.	US
c. Office held.	VICE CHANCELLOR AND CHIEF OPERATING OFFICER
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.	LOUIS T. HOWARD, AMITYVILLE, 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.	PAMELA R. JACOBS, BUFFALO, 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.	HARVEY F. WACHSMAN, GREAT NECK, 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.	NYS SECRETARY OF STATE
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

a. Name and Address.	STEVEN L. ALFASI, BRONX, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	DEPUTY 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.	DANIEL J. HOGARTY, JR., TROY, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	BANK PRESIDENT AND CHIEF EXECUTIVE OFFICER
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

  

a. Name and Address.	GEORGE H. PAPE, JR., BUFFALO, NEW YORK
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	
e. Principal profession or occupation.	STUDENT
f. By whom appointed or elected.	EX OFFICIO
g. Existing interests	

  

a. Name and Address.	CELINE R. PAQUETTE, CHAMPLAIN, NEW YORK
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.	DEPUTY COMMISSIONER
f. By whom appointed or elected.	GOVERNOR
g. Existing interests	

### SECTION III - CERTIFICATION

I certify that I am VICE CHANCELLOR FOR FINANCE AND BUSINESS

(Official Title)

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.)

Signature BRIAN T. STENSON <i>Brian T Stenson</i>	Date 1/23/2003
Telephone Number of Respondent (Include area code) 5184435175	

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**