

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 344767

Description: 2012 BIENNIAL OWNERSHIP REPORT
Application Reference Number: 20120130AHE
Successfully filed at Jan 30 2012 2:02PM

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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. BOA - 20120130AHE |
| 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 ATTN: OFFICE OF GENERAL COUNSEL | | |
| | City ALBANY | State or Country (if foreign address) NY | ZIP Code 12246 - |
| | Telephone Number (include area code) 5183201400 | E-Mail Address (if available) | |
| | FCC Registration Number: 0008247116 | 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) 5183201400 | 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 1/30/2012 (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="checkbox"/> Biennial | b. <input type="checkbox"/> Transfer of Control or Assignment of License/Permit | c. <input type="checkbox"/> Other |
| | d. <input type="checkbox"/> 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 |

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. | NANCY L. ZIMPHER, MENANDS, 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. | JOHANNA DUNCAN-POITIER |
| b. Citizenship. | US |
| c. Office held. | SENIOR VICE CHANCELLOR / COMM. COLLEGES & EDUCATION PIPELINE |
| 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 K. LAVALLEE, NEW PALTZ, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | EXECUTIVE VICE CHANCELLOR AND PROVOST |
| 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. | WILLIAM F. HOWARD, ALBANY, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | SENIOR VICE CHANCELLOR, GENERAL COUNSEL AND SECRETARY |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | |
| f. By whom appointed or | BOARD OF TRUSTEES |

| | |
|-----------------------|--|
| elected. | |
| g. Existing interests | |

| | |
|--|------------------------------------|
| a. Name and Address. | LINDA S. SANFORD, SOMERS, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | 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. | CARL SPIELVOGEL, NEW YORK, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | 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. | STEPHEN J. HUNT, KATONAH, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | REAL ESTATE CONSULTANT |
| f. By whom appointed or elected. | GOVERNOR |
| g. Existing interests | |

| | |
|--|--------------------------------------|
| a. Name and Address. | CARY F. STALLER, OLD FIELD, 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. | H. CARL MCCALL, NEW YORK, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | CHAIRMAN AND 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. | JOHN L. MURAD, JAMESVILLE, 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. | PEDRO ANTONIO NOGUERA, NEW YORK, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | COLLEGE PROFESSOR |
| f. By whom appointed or elected. | GOVERNOR |
| g. Existing interests | |

| | |
|--|---|
| a. Name and Address. | KENNETH P. O'BRIEN, BROCKPORT, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | PRESIDENT, FACULTY COUNCIL |
| f. By whom appointed or elected. | EX OFFICIO |
| g. Existing interests | |

| | |
|----------------------|--|
| a. Name and Address. | GERRI WARREN-MERRICK, NEW YORK, NEW YORK |
| b. Citizenship. | US |

| | |
|--|--------------------|
| c. Office held. | 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. | KAITLYN BEACHNER |
| 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. | JOSEPH BELLUCK, 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. | RONALD EHRENBERG, ITHACA, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | COLLEGE PROFESSOR |
| f. By whom appointed or elected. | GOVERNOR |
| g. Existing interests | |

| | |
|------------------------------|------------------------------------|
| a. Name and Address. | EUNICE A. LEWIN, BUFFALO, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | |

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|--|---------------|
| e. Principal profession or occupation. | SOCIAL WORKER |
| f. By whom appointed or elected. | GOVERNOR |
| g. Existing interests | |

| | |
|--|--|
| a. Name and Address. | MARSHALL LICHTMAN, PITTSFORD, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | COLLEGE PROFESSOR |
| f. By whom appointed or elected. | GOVERNOR |
| g. Existing interests | |

| | |
|--|----------------------------------|
| a. Name and Address. | TINA GOOD, STONY BROOK, NEW YORK |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | PRESIDENT, FACULTY COUNCIL |
| f. By whom appointed or elected. | EX OFFICIO |
| g. Existing interests | |

SECTION III - CERTIFICATION

I certify that I am SENIOR VICE CHANCELLOR, GENERAL COUNSEL & SECRETARY

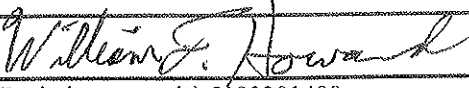
(Official Title)

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 WILLIAM F. HOWARD |  | Date 1/30/2012 |
| Telephone Number of Respondent (Include area code) 5183201400 | | |

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