

FRN

0014049605

Not Applicable

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

File Number: 0000063057Submit Date: 2018-10-24FRN: 0014049605Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 10/24/2018Filing Status: ActiveStatus: ActiveStatus Date: 10/24/2018

Section I - General Information

Cape Cod Community College

1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2240 Iyannough Road	West Barnstable	МА	02668	+1 (508) 362- 2131	narenberg@capecod. edu

2. Contact Representative

Name	Organization
Mia Hazlett	Cape Cod Community College

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2240 Iyannough Road Office of the President	West Barnstable	MA	02668	+1 (508) 774-4301	mhazlett@capecod.edu

3. Application Filing Fee

4. Control of Respondent	(a) Provide the following information	(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?				
	(b) Provide the following information	(b) Provide the following information about this report:				
	Purpose	Purpose		Biennial		
	"As of" date		10/01/2017			
			and resubmitting a price	ownership report or validating or biennial ownership report, this the year in which this report is		

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Nar	FRN				
Cape Cod Community C		00140	49605		
Fac. ID No.	Call Sign	City		State	Service
8572	WKKL	WEST BARNSTABLE		MA	FM

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 set forth in 47 C.F.R. Section 73.3613(a) through (c) 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.			
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 pursus 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. 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 mus separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not 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 det				
	Ownership Information			
	FRN	0014049605		
	Entity Name	Cape Cod Community College		
	Address	PO Box		
		Street 1	2240 Iyannough Road	
		Street 2		
		City	West Barnstable	
	State ("NA" if non-U.S. MA address) MA			
		Zip/Postal Code	02668	
		Country (if non-U.S. address)	United States	

Respondent

Listing Type

Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have	Does interest holder have an attributable interest in one or more broadcast stations			

Ownership Information					
FRN	9990132639				
Name	Laura Newstead				
Address	PO Box				
	Street 1	48 Meadow Spring Drive			
	Street 2				
	City	East Sandwich			
	State ("NA" if non-U.S. address)	МА			
	Zip/Postal Code	02537			
	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	Human Resources				
By Whom Appointed or Elected	Governor				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Female			
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	White			
Interest Percentages	Voting	9.1%			
(enter percentage values from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt Plus)				
Does interest holder have a that do not appear on this re	Does interest holder have an attributable interest in one or more broadcast stations No				

Ownership Information

FRN	9990132671			
Name	David Bushy			
Address	PO Box	1144		
	Street 1			
	Street 2			
	City	North Eastham		
	State ("NA" if non-U.S. address)	MA		
	Zip/Postal Code	02651		
	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 Aviation Executive			
By Whom Appointed or Elected	Governor			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	9.1%		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No	

Ownership Information

FRN	9990132674			
Name	Judith Quinn			
Address	PO Box			
	Street 1	80 Wilton Dr.		
	Street 2			
	City	Centerville		
	State ("NA" if non-U.S. address)	MA		
	Zip/Postal Code	02632		
	Country (if non-U.S. address)	United States		

Listing Type	Other Interest Holder	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board (Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Busness Woman	Busness Woman			
By Whom Appointed or Elected	Governor				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Female			
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	White			
Interest Percentages	Voting	9.1%			
(enter percentage values from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt Plus)				
Does interest holder have an attributable interest in one or more broadcast stations No					

Ownership Information				
FRN	9990132693	9990132693		
Name	Judy Barrigas	Judy Barrigas		
Address	PO Box			
	Street 1	44 Anchor Drive		
	Street 2			
	City	Forestdale		
	State ("NA" if non-U.S. address)	MA		
	Zip/Postal Code	02644		
	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	Human Resources			
By Whom Appointed or Elected	Governor			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		

White

Race

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations		No	

Ownership Information			
FRN	9990132701		
Name	Frank D. Fantasia		
Address	PO Box 703		
	Street 1		
	Street 2		
	City	Mashpee	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	02649	
	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 Business Man		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

Ownership Information

FRN	9990132707	
Name	John G. Flores	
Address	PO Box	

	Street 1	83 Keveney Lane 444	
	Street 2		
	City	Cummaquid	
	State ("NA" if non-U.S. address)	МА	
	Zip/Postal Code	02637	
	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	Town Manager		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information

that do not appear on this report?

FRN	9990132721	
Name	Alex Rodolakis	
Address	PO Box	
	Street 1	1388 Main Street
	Street 2	
	City	Osterville
	State ("NA" if non-U.S. address)	MA
	Zip/Postal Code	02655-0000
	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	attorney		
By Whom Appointed or Elected	Governor		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	Does interest holder have an attributable interest in one or more broadcast stations		

Ownership Information			
FRN	9990132726		
Name	William Shain		
Address	PO Box		
	Street 1	406 Billington Street	
	Street 2		
	City	Plymouth	
	State ("NA" if non-U.S. address)	МА	
	Zip/Postal Code	02360	
	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	Business Owner		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	

	Total assets (Equity Debt Plus)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

FRN	9990132780		
Name	Josoph McGrail		
		Joseph McGrail	
Address	PO Box		
	Street 1	46 Myrtle Street	
	Street 2		
	City	Duxbury	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	02332	
	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	Business Man		
By Whom Appointed or Elected	Alumni Group	Alumni Group	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information			
FRN	9990132783		
Name	Tammy Glivinski-Saben		
Address	PO Box		
	Street 1	23 Gaslight Drive	
	Street 2		

City	Yarmouth Port	
State ("NA" if non-U.S. address)	MA	
Zip/Postal Code	02675	
Country (if non-U.S. address)	United States	
Other Interest Holder		
Member of Governing Board (Member of Governing Board (or other governing entity)	
Business Owner		
Governor		
Citizenship	US	
Gender	Female	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	9.1%	
Equity	0.0%	
Total assets (Equity Debt Plus)		
	State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) Other Interest Holder Member of Governing Board (Business Owner Governor Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt	State ("NA" if non-U.S. address)MAZip/Postal Code02675Country (if non-U.S. address)United StatesCother Interest HolderUnited StatesOther Interest HolderMember of Governing Board (or other governing entity)Business OwnerGovernorCitizenshipUSGenderFemaleEthnicityNot Hispanic or LatinoRaceWhiteVoting9.1%Equity0.0%

Ownership Information		
FRN	9990134158	
Name	Benjamin Dube	
Address	PO Box	
	Street 1	35 Acre Hill Road
	Street 2	
	City	Barnstable
	State ("NA" if non-U.S. address)	MA
	Zip/Postal Code	02630
	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	student	

By Whom Appointed or Elected	Students		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No
(b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	Yes

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If " <u>Yes</u> ," 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 entity.

Section III - 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	
	LICENSEOR CONSTRUCTION	
	PERMIT (U.S. CODE, TITLE 47,	
	SECTION 312(a)(1)), AND/OR	
	FORFEITURE (U.S. CODE, TITLE 47,	
	SECTION 503).	
	Authorized Party to Sign	THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47,

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: Executive Assistant to the President and Board Exact Legal Title or Name of Respondent: Mia L. Hazlett Name: Mia L. Hazlett Phone: 5087744301
		10/24/2018