

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

 File Number:
 0000078702
 Submit Date:
 2019-07-26
 FRN:
 0022419329

 Purpose:
 Commercial Broadcast Stations Non-Biennial Ownership Report
 Status:
 Received
 Status Date:

 07/26/2019
 Filing Status:
 Active
 Status:
 Status:
 Status:

Section I - General Information

1. Respondent

FRN Entity Name 0028671709 Connoisseur Cos, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
180 Post Road East Suite 201	Westport	СТ	06880	+1 (203) 227- 1978	miked@conncos. com

2. Contact Representative

Name	Organization
David D. Oxenford	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783- 4141	doxenford@wbklaw. com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees	
Nature of Respondent	Limited liability company	

(b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	07/16/2019
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN	
Connoisseur Media Licenses, LLC	0022419329	

Fac. ID No.	Call Sign	City	State	Service
10136	WALK	PATCHOGUE	NY	АМ
10137	WALK-FM	PATCHOGUE	NY	FM
14379	WFOX	SOUTHPORT	СТ	FM
19216	КҮҮА	BILLINGS	MT	АМ
29260	WWSK	SMITHTOWN	NY	FM
31136	WFMD	FREDERICK	MD	АМ
31139	WFRE	AUSTIN	ТΧ	FM
38337	WHLI	HEMPSTEAD	NY	АМ
38338	WKJY	HEMPSTEAD	NY	FM
46968	WPLR	NEW HAVEN	СТ	FM
47423	WVPO	STROUDSBURG	PA	AM
47424	WSBG	STROUDSBURG	PA	FM
60245	WBZO	BAY SHORE	NY	FM
63870	KRKX	BILLINGS	МТ	FM
63873	KBLG	BILLINGS	MT	AM
69688	WBYN	LEHIGHTON	PA	AM
71389	WEBE	WESTPORT	СТ	FM
72345	WICC	BRIDGEPORT	СТ	АМ
78476	KRZN	BILLINGS	MT	FM
164107	KWMY	JOLIET	MT	FM
164108	KPLN	LOCKWOOD	MT	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents Licensee/Permittee Respondents 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. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

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, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant 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.R. 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) or Permittee(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 must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(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 detailed information and guidance concerning this requirement.

Ownership Information			
FRN	0028671709	0028671709	
Entity Name	Connoisseur Cos, LLC	Connoisseur Cos, LLC	
Address	PO Box		
	Street 1	180 Post Road East	
	Street 2	Suite 201	
	City	Westport	
	State ("NA" if non-U.S. address)	СТ	
	Zip/Postal Code	06880	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	No

Ownership Information

Ownership Information

FRN	0011313723	
Entity Name	CM Broadcast Management, LLC	
Address	PO Box	
	Street 1	180 Post Road East
	Street 2	Suite 201
	City	Westport
	State ("NA" if non-U.S. address)	СТ
	Zip/Postal Code	06880

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Sole Managing Member		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	91.0%	
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No

Ownership Information

FRN	0019831932		
Name	Michael Driscoll		
Address	PO Box		
	Street 1	180 Post Road East	
	Street 2	Suite 201	
	City	Westport	
	State ("NA" if non-U.S. address)	СТ	
	Zip/Postal Code	06880	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No

Ownership Information

0019831924	
Jeffrey Warshaw	
	180 Post Road East
2	Suite 201
	Westport
NA" if non-U.S. s)	СТ
	Warshaw

	Zip/Postal Code	06880		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No	
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this r	n attributable interest in one o report?	r more broadcast stations	Yes	
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.			Yes	
hold an attributable interes the same market as any sta filed, as defined in 47 C.F.R If " <u>Yes</u> ," provide information o	r any reported interest holder t in any newspaper entities in ation for which this report is a. Section 73.3555? describing the interest(s), using	No		
Respondents with a large nur submit should use the spread NOTE: Spreadsheets must be Spreadsheet format with the specified in the documentation use the spreadsheet option to (including templates to start w If using the subform, leave th (Equity Debt Plus) field blank that interest holder has an att newspaper entity solely on th Equity Debt Plus attribution s	e submitted in a special XML appropriate structure that is in. For instructions on how to o complete this question with), please Click Here. e percentage of total assets for an interest holder unless inibutable interest in the e basis of the Commission's tandard, 47 C.F.R. Section in XML Spreadsheet, enter "NA" ssets (Equity Debt Plus) field hat interest holder has an wspaper entity solely on the			

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If " $\underline{Yes},$ " provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No	
If "Yes," 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		
that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.		

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).	
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 Vice President Exact Legal Title or Name of Respondent: Connoisseur Cos, LLC Name: Michael O. Driscoll Phone: 2032271978 07/26/2019