

## (REFERENCE COPY - Not for submission)

# Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000227459
 Submit Date:
 2023-11-22
 FRN:
 0031520877

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/22/2023

 Filing Status:
 Active
 Status:
 Status Date:
 11/22/2023

# **Section I - General Information**

# 1. Respondent

FRN	Entity Name
0031520877	Coxswain Media LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
253 Old Stockbridge Road	Lenox	МА	01240	+1 (917) 846-3930	stevechessare@capecodradio. com

# 2. Contact Representative

Name	Organization
Sally A. Buckman	Lerman Senter PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 429- 8970	sbuckman@lermansenter. com

# 3. Application Filing Fee

# Question Response Is this application being submitted without a filing fee? No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	4	95	\$380.00
		·	·	•	Total	\$380.00

# 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Limited liability company	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2023
	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) and Station(s)

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

Licensee/Permittee Name	FRN
Coxswain Media LLC	0031520877

Fac. ID No.	Call Sign	City	State	Service
29570	WFRQ	HARWICH PORT	МА	FM
29571	WHYA	MASHPEE	МА	FM
54620	WPXC	HYANNIS	МА	FM
189527	WKFY	EAST HARWICH	MA	FM

# Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. 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 Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Document Information			
Description of contract or instrument	Certificate of Organization		
Parties to contract or instrument	Filed with the State of Massachusetts		
Date of execution	10/2021		
Date of expiration	No expiration date		

Agreement type	Other
(check all that apply)	Agreement Type: Certificate of Organization

Document Information			
Description of contract or instrument	First Amended and Restated Operating Agreement		
Parties to contract or instrument	Coxswain Media LLC		
Date of execution	11/2021		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Operating Agreement		

#### **Document Information**

Description of contract or instrument	Loan and Security Agreement	
Parties to contract or instrument	Coxswain Media LLC and Citizens Bank, N.A.	
Date of execution	11/2021	
Date of expiration	11/2031	
Agreement type (check all that apply)	Other Agreement Type: Loan and Security Agreement	

#### **Document Information**

Description of contract or instrument	Pledge Agreement
Parties to contract or instrument	Members of Coxswain Media LLC and Citizens Bank, N.A.
Date of execution	11/2021
Date of expiration	11/2031
Agreement type (check all that apply)	Other Agreement Type: Pledge Agreement

## 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) 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) 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	0031520877			
Entity Name	Coxswain Media LLC	Coxswain Media LLC		
Address	PO Box	Box		
	Street 1	253 Old Stockbridge Road		
	Street 2			
	City	Lenox		
	State ("NA" if non-U.S. address)	MA		
	Zip/Postal Code	01240		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
<b>Positional Interests</b> (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	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		
FRN	0031763915	
Name	Laurence Hughes	
Address	PO Box	
	Street 1	9 Undercliff Road
	Street 2	
	City	Milburn
	State ("NA" if non-U.S. address)	NJ
	Zip/Postal Code	07041
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member	
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	0.0%	Jointly Held? No
	Equity	1.5%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcas that do not appear on this report?		r more broadcast stations	No

Ownership Information

Ownership Information			
FRN	0031763956		
Name	Michael Duffy	Michael Duffy	
Address	PO Box		
	Street 1	21 Woodcrest Drive	
	Street 2		
	City	New Providence	
	State ("NA" if non-U.S. address)	NJ	
	Zip/Postal Code	08974	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	3.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

**Ownership Information** 

•	
FRN	0031763907
Name	John Chessare
Address	PO Box

	Street 1	4828 Roland Avenue	
	Street 2		
	City	Baltimore	
	State ("NA" if non-U.S. address)	MD	
	Zip/Postal Code	21210	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	3.8%	
	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		
FRN	0031763972	
Name	Tracey Chessare	
Address	PO Box	
	Street 1	4828 Roland Avenue
	Street 2	
	City	Baltimore
	State ("NA" if non-U.S. address)	MD
	Zip/Postal Code	21210
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino

	Race	White	
(enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	3.8%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information				
FRN	0031763980	0031763980		
Name	Gregory Mathis	Gregory Mathis		
Address	Address PO Box			
	Street 1	11 Saddle River Road		
	Street 2			
	City	Woodcliff Lake		
	State ("NA" if non-U.S. address)	NJ		
	Zip/Postal Code	07677	07677	
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
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	0.0% Jointly Held? No		
from 0.0 to 100.0)	Equity	3.0%		
	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		
FRN	0025002106	
Name	Stephen Chessare	
Address	PO Box	
	Street 1	253 Old Stockbridge Road

	Street 2		
	City	Lenox	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	01240	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Manager		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	85.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have	an attributable interest in one o	r more broadcast stations	No

(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) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

# Family Relationships

FRN	0031763907	Name	John Chessare
FRN	0031763972	Name	Tracey Chessare
Relationship	Spouses		

## **Family Relationships**

FRN	0025002106	Name	Stephen Chessare
FRN	0031763907	Name	John Chessare
Relationship	Siblings		

(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

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 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.

No

#### Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent entities.

# **Section III - Certification**

# 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: <b>Manager</b> Exact Legal Title or Name of Respondent: <b>Coxswain Media LLC</b> Name: <b>Steve Chessare</b> Phone: <b>9178463930</b> 11/22/2023