Response

No



(REFERENCE COPY - Not for submission)

FRN

0004959227

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000184008
 Submit Date:
 2022-02-01
 FRN:
 0004959227

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 02/07/2022

 Filing Status:
 Active
 Status:
 Status Date:
 02/07/2022

Section I - General Information

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
1250 Riverfront Center	Amsterdam	NY	12010	+1 (518) 684- 6007	kathyb@cranesville. com

2. Contact Representative

Name	Organization	
Francisco R. Montero	Fletcher, Heald & Hildreth, PLC	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N 17th Street	Arlington	VA	22209	+1 (703) 812-0400	montero@fhhlaw.com

3. Application Filing Fee

Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	1	95	\$85.00
		·	,	1	Total	\$85.00

4. Nature of Respondent

(a) Provide the following information about the Responden	a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee	
Nature of Respondent	For-profit corporation	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2021
	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	
IZ COMMUNICATIONS CORPORATION	0004959227	

Fac. ID No.	Call Sign	City	State	Service
23456	WCSS	AMSTERDAM	NY	AM
201729	W295CZ	AMSTERDAM	NY	FX

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 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	Articles of Incorporation		
Parties to contract or instrument	State of New York		
Date of execution	06/1999		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Corporate Document		

(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.

FRN	0004959227	0004959227		
Entity Name	IZ COMMUNICATIONS COR	IZ COMMUNICATIONS CORPORATION		
Address	PO Box			
	Street 1	1250 Riverfront Center		
	Street 2			
	City	Amsterdam		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12010		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (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?				

Ownership Information

Ownership Information			
FRN	9990120000		
Name	Carol T. Whelly		

Address	PO Box			
	Street 1	197 Pine View Drive		
	Street 2			
	City	Amsterdam		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12010		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee	r - Co-Trustee		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0% Jointly Held? No		
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 Yes that do not appear on this report?				

Ownership Information

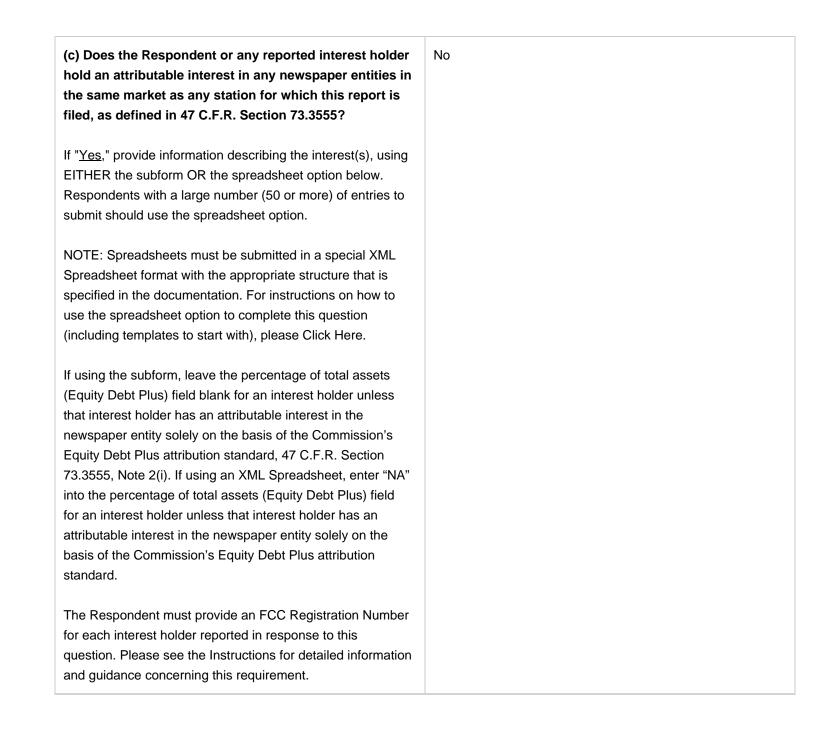
FRN	0020449757	
Name	Joseph C. Tesiero	
Address	PO Box	
	Street 1	215 N. 2nd Ave.
	Street 2	
	City	Broadalbin
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12025
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Co-Trustee	
Citizenship, Gender, Citizenship US		US
Information (Natural	nicity, and Race ormation (Natural Gender Male	

Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
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?		Yes		

Ownership Information

	0007450070		
FRN	0027158278	0027158278	
Entity Name	Trust of Decedent John A. Te	siero Jr. For the Benefit of Eliza	abeth Tesiero
Address	PO Box		
	Street 1	215 N 2nd Avenue	
	Street 2		
	City	Broadalbin	
	State ("NA" if non-U.S. NY address)		
	Zip/Postal Code	12025	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity 100.0%		
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	Does interest holder have an attributable interest in one or 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.	



(d) 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	9990120000	Name	Carol T. Whelly
FRN	0020449757	Name	Joseph C Tesiero
Relationship	Siblings		

Family Relationships

(e) Is Respondent seeking an attribution exemption for any officer or director with	No
duties wholly unrelated to the Licensee(s)?	
If "Yes," complete the information in the required fields and submit an Exhibit fully describing	

It "<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.

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.

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: Officer Exact Legal Title or Name of Respondent: IZ Communications Corporation Name: Joseph Tesiero Phone: 5186846007 02/01/2022