

(REFERENCE COPY - Not for submission)

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

File Number: 0000230131 | Submit Date: 2023-11-30 | FRN: 0016472623

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/30/2023

Filing Status: Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0009983016	Sandab Communications II, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2201 Old Court Road	Baltimore	MD	21208	+1 (410) 369- 6600	cseymour@crcsalomon.

## 2. Contact Representative

Name	Organization
Matthew S. DelNero, Esq.	Covington & Burling LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
One CityCenter 850 Tenth Street, N.W.	Washington	DC	20001	+1 (202) 662-5543	mdelnero@cov.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	For-profit corporation			

(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
Cape Cod Broadcasting License I, LLC	0016472623

Fac. ID No.	Call Sign	City	State	Service
17066	WFCC-FM	СНАТНАМ	MA	FM

Licensee/Permittee Name	FRN	
Sandab Communications Limited Partnership II	0002151751	

Fac. ID No.	Call Sign	City	State	Service
8586	WKPE-FM	SOUTH YARMOUTH	MA	FM
58948	WQRC	BARNSTABLE	MA	FM

Licensee/Permittee Name	FRN
Cape Cod Broadcasting License II, LLC	0016472649

Fac. ID No.	Call Sign	City	State	Service
8592	WOCN-FM	ORLEANS	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.

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) 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	0009983016		
Entity Name	Sandab Communications II, Inc.		
Address	РО Вох		
	Street 1	2201 Old Court Road	
	Street 2		
	City	Baltimore	
	State ("NA" if non-U.S. address)	MD	
	Zip/Postal Code	21208	
	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 that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information			
FRN	0019931773		
Name	Stephen D. Seymour	Stephen D. Seymour	
Address	PO Box		
	Street 1	2201 Old Court Road	
	Street 2		
	City Baltimore		
	State ("NA" if non-U.S. address)	MD	
	Zip/Postal Code 21208		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	33.0%	Jointly Held? No
	Equity	33.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

FRN	0019931831		
Name	Gregory D. Bone		
Address	PO Box		
	Street 1	9 Sparrowhawk Road	
	Street 2		
	City	East Orleans	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	02643	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	33.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	33.0%	·
	Total assets (Equity Debt Plus)		

Ownership Information		
FRN	0019931815	
Name	R. Scott Frothingham	
Address	PO Box	

	Street 1	1147 Colonial Road	
	Street 2		
	City	McLean	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	22101	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	Voting	33.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	33.0%	
	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
• • •	nat any interests, including equithis filing are non-attributable. an explanation.	y, financial, or voting	Yes

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

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

(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.

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>President</b> Exact Legal Title or Name of Respondent: <b>Sandab Communications II, Inc.</b> Name: <b>Stephen D. Seymour</b> Phone: <b>4103696600</b> 11/30/2023