

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

File Number:0000173848Submit Date:2021-11-30FRN:0007152424Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:11/30/2021Filing Status:Active

## **Section I - General Information**

## 1. Respondent

FRN	Entity Name
0007152424	Luzerne County Community College

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
521 Trailblazer Drive	NANTICOKE	ΡΑ	18634	+1 (570) 740- 0632	rreino@luzerne. edu

## 2. Contact Representative

Name		Organization			
Kevin M. Fitzgerald		NYX Communications, Inc.			
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 20155	Scranton	PA	18502	+1 (570) 750-1330	kevin@kfitz.com

3. Application Filing Fee Not Applicable

4. Control of Respondent

Relationship to stations/permits	onship to stations/permits Licensee		
s the Respondent's governing bo ndirectly under the control of ano	ard (or other governing entity) directly or other entity?	No	

(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.

Licensee/Permittee Name	FRN			
Luzerne County Community	0007152424			
	-			
Fac. ID No.	Call Sign	City	State	Service
39261	WSFX	NANTICOKE	PA	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.				
	Not Applicable.				
2. Ownership Interests	enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, members of the governing board (or other s with a direct attributable interest in the Respondent pursuant ct" interest is one that is not held through any intervening ibutable interest in the Respondent separately.				
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
	In the case of vertical or indirect attributable interest in the Licens		nose interests in the Respondent that also represent an ng submitted.		
		such a structure do not report, or	holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted.		
	Please see the Instructions for fu	urther detail concerning interests	that must be reported in response to this question.		
	The Respondent must provide a Please see the Instructions for d	-	each interest holder reported in response to this question. e concerning this requirement.		
	Ownership Information				
	FRN	0007152424			
	Entity Name	Luzerne County Community Co	ollege		
	Address	PO Box			
		Street 1	521 Trailblazer Drive		
		Street 2			
	NANTICOKE				
		State ("NA" if non-U.S. address)	PA		
		Zip/Postal Code	18634		

Country (if non-U.S.

address)

Respondent

Respondent

Listing Type

**Positional Interests** 

(check all that apply)

**United States** 

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 an that do not appear on this re	No			

Ownership Information						
FRN	9990141933					
Name	THOMAS P. LEARY					
Address	PO Box					
	Street 1	521 Trailblazer Drive				
	Street 2					
	City	NANTICOKE				
	State ("NA" if non-U.S. address)	PA				
	Zip/Postal Code	18634				
	Country (if non-U.S. address)	United States				
Listing Type	Other Interest Holder					
<b>Positional Interests</b> (check all that apply)	Officer					
Principal Profession or Occupation	COLLEGE ADMINISTRATOR					
By Whom Appointed or Elected	BOARD					
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%				
from 0.0 to 100.0)	Equity	0.0%				
	Total assets (Equity Debt Plus)	0.0%				
Does interest holder have an that do not appear on this re	n attributable interest in one or eport?	r more broadcast stations	No			

# Ownership Information FRN 9990141934 Name JOAN BLEWITT, PHD, NCC.

Address	PO Box				
	Street 1	184 EAST DORRANCE STR	EET		
	Street 2				
	City	KINGSTON			
	State ("NA" if non-U.S. address)	PA			
	Zip/Postal Code	18704			
	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	Professor, McGowan School of Business, King's College				
By Whom Appointed or Elected	BOARD				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Female			
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	White			
Interest Percentages	Voting	6.6%			
(enter percentage values from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt	0.0%			

Ownership Information				
FRN	9990141935	9990141935		
Name	PAUL HALESEY			
Address	PO Box			
	Street 1	22 DOWNING STREET		
	Street 2			
	City	HANOVER TOWNSHIP, WILKES BARRE		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18702		
	Country (if non-U.S. address)United States			
Listing Type	Other Interest Holder			

<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Supervisor, Caremark, Pharmacist			
By Whom Appointed or Elected	BOARD			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	6.6%		
(enter percentage values 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 o	r more broadcast stations	No	

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

## **Ownership Information**

· · · · · · · · · · · · · · · · · · ·		
FRN	9990141938	
Name	SUSAN E. UNVARSKY	
Address	PO Box	
	Street 1	151 BROOK STREET
	Street 2	
	City	Sugar Notch
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	18706
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	COO, Full-Service Solutions, Prudential Retirement	
By Whom Appointed or Elected	BOARD	
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 6.6%	

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

Does milerest noider have an altribulable m	iterest in one of more producast static	115
that do not appear on this report?		

Ownership Information			
FRN	9990141941		
Name	LYNN M. DISTASIO		
Address	PO Box		
	Street 1	2 Evergreen Drive	
	Street 2		
	City	MOUNTAINTOP	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	18707	
	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	COO, Clinical Director, ProRehab		
By Whom Appointed or Elected	BOARD		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	6.6%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information		
FRN	9990141943	
Name	BERNARD W. GRAHAM, PHD.	
Address	PO Box	
	Street 1	418 Division Street

	Street 2			
	City	MOUNTAINTOP		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18707		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Dean, Nesbitt School of Pharmacy, Wilkes University			
By Whom Appointed or Elected	BOARD			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	6.6%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

FRN	9990141947	
Name	GEORGE BROWN	
Address	PO Box	
	Street 1	521 Trailblazer Drive
	Street 2	
	City     NANTICOKE       State ("NA" if non-U.S. address)     PA	
	Zip/Postal Code	18634
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	RT BUSINESSMAN, MAYOR WILKES-BARRE		
By Whom Appointed or Elected	BOARD		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	6.6%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have			No

Ownership Information

that do not appear on this report?

Ownership Information			
FRN	9990141948		
Name	JAMES P. DENNIS		
Address	PO Box		
	Street 1	8 Ferretti Drive	
	Street 2		
	City	West Wyoming	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	18644	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired, K-12 Educator, LIU		
By Whom Appointed or Elected	BOARD	BOARD	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	6.6%	
(enter percentage values 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 or	n this report?
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Ownership Information				
FRN	9990141950			
Name	ERIN KATHLEEN KEATING, ED.D.			
Address	PO Box			
	Street 1	100 Arch Street		
	Street 2			
	City	Edwardsville		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18704		
	Country (if non-U.S.     United States       address)     United States			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Superintendent, Old Forge School District			
By Whom Appointed or Elected	BOARD			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	6.6%		
(enter percentage values 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?				

Dwnership Information			
FRN	9990141951		
Name	HOLLY EVANOSKI		
Address	PO Box		
	Street 1	44 Nicholson Street	
	Street 2		

	City	Wilkes-Barre		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18702		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (	(or other governing entity)		
Principal Profession or Occupation	Pharmacy Technician, Geisinger			
By Whom Appointed or Elected	BOARD			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	6.6%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	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 report?	r more broadcast stations	No	

Ownership Information			
FRN	9990141952		
Name	JOSEPH LETTIERE		
Address	PO Box		
	Street 1	12 Tammy Lane	
	Street 2		
	City Sugarloaf		
	State ("NA" if non-U.S.     PA       address)     PA		
	Zip/Postal Code	18249	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	President, CAN DO		

By Whom Appointed or Elected	BOARD		
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 from 0.0 to 100.0)	Voting	6.6%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No			No

Ownership Information			
FRN	9990141959		
Name	CATHERINE R. O'DONNELL, ESQ.		
Address	PO Box		
	Street 1	112 Wakefield Road	
	Street 2		
	City	Shavertown	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	18708	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	ATTORNEY		
By Whom Appointed or Elected	BOARD	BOARD	
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	6.6%	
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

that do not appear on this report?

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

No

Ownership Information				
FRN	9990141961			
Name	DAVID JAMES USAVAGE			
Address	PO Box			
	Street 1	395 Chestnut Avenue		
	Street 2			
	City	KINGSTON		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18704		
	Country (if non-U.S.     United States       address)     Image: Country of the states			
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Retired, Elementary Educator			
By Whom Appointed or Elected	BOARD			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	6.6%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
Total assets (Equity Debt0.0%Plus)				
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

## **Ownership Information**

FRN	9990148123	
Name	August J. Piazza	
Address	PO Box	
	Street 1	26 Sunrise Drive
	Street 2	
	City	Pittston

	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18640		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Member of Governing Board	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired, Educator			
By Whom Appointed or Elected	BOARD			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	Voting 6.6%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownarahin	Information
Ownership	information

FRN	9990148124		
Name	Daniel C. Rodgers		
Address	PO Box		
	Street 1	51 Rhedwood Avenue	
	Street 2		
	City	Sugarloaf	
	State ("NA" if non-U.S.     PA       address)     PA		
	Zip/Postal Code     18249		
	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	Assistant to Superintendent, Hazleton School Dist.		
By Whom Appointed or Elected	BOARD		

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 from 0.0 to 100.0)	Voting	6.6%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No			No

## Ownership Information

that do not appear on this report?

FRN	9990148128	9990148128		
Name	Anthony Seiwell			
Address	PO Box			
	Street 1	28 Prince Street		
	Street 2			
	City	NANTICOKE		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18634		
	Country (if non-U.S. address)	United States		
_isting Type	Other Interest Holder			
Positional Interests check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Dccupation	Manager, Laborer's District Council Eastern PA			
By Whom Appointed or Elected	BOARD			
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 from 0.0 to 100.0)	Voting	6.6%		
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		

(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.

(c) 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 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.

Luzerne County Community College, WSFX, Nanticoke, PA; 2021 Biennial Ownership Report

## **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>President</b> Exact Legal Title or Name of Respondent: <b>LUZERNE COUNTY COMMUNITY COLLEGE</b> Name: <b>THOMAS P. LEARY</b> Phone: <b>5707400200</b> 11/30/2021