



(REFERENCE COPY - Not for submission)  
Notification of Consummation

File Number: **0000212983** | Submit Date: **03/27/2023** | Lead Call Sign: **WCOM-FM** | FRN: **0004986592**  
 Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **03/28/2023**  
 Filing Status: **Active**

### General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Applicant Information

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>GENESEE COMMUNITY COLLEGE</b> Doing Business As: GENESEE COMMUNITY COLLEGE	Gina Weaver 1 COLLEGE ROAD BATAVIA, NY 14020 United States	+1 (585) 343- 0055	gmweaver@genesee. edu	Government Entity

### Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
<b>Gina Weaver</b> GENESEE COMMUNITY COLLEGE	Gina Weaver 1 COLLEGE ROAD BATAVIA, NY 14020 United States	+1 (585) 343- 0055	gmweaver@genesee. edu	Legal Representative

### Consummation Notification Details

#### Details

Date of Consummation	FRN of Licensee Post-consummation
2023-03-27	0004986592

#### Consummate the Following Authorizations:

Select all the authorizations in the table below that will **not be consummated**

Call Sign	Facility ID	File Number	Will Not Consummate
WCOM-FM	23603	0000205711	

### Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Gina Weaver**  
*VP Finance and  
Operations / CFO*

03/27/2023

## Attachments

Information not provided.