



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0017009127** | File Number: **0000087769** | Submit Date: **10/31/2019** | Call Sign: **WRGC-FM** | Facility ID: **173100**

City: **MILLEDGEVILLE** | State: **GA**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/31/2019** | Filing Status: **Active**

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	EEO Filing for WRGC-FM
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GEORGIA COLLEGE & STATE UNIVERSITY Doing Business As: GEORGIA COLLEGE & STATE UNIVERSITY	Daniel McDonald CAMPUS BOX 97 MILLEDGEVILLE, GA 31061 United States	+1 (478) 445-6804	daniel.mcdonald@gcsu.edu	GOE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
DANIEL L. DAVIS TECHNICAL CONSULTANT D Squared Broadcast Technologies, Inc.	PO BOX 48 MADISON, GA 30650 United States	+1 (706) 342-4474	DLDAVIS@DSQUAREBROADCAST.COM	Technical Representative
Daniel McDonald Operations Manager WRGC-FM Georgia College & State University	Daniel McDonald Campus Box 097 Milledgeville, GA 31061 United States	+1 (478) 445-8830	daniel.mcdonald@gcsu.edu	Operations Manager

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
173100	WRGC-FM	MILLEDGEVILLE	GA	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes
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Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	10/31/2019
Certified Title	Operations Manager
Authorized Party Name	Daniel McDonald

Attachments

No Attachments.