

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0001757483	File Number: 0000116737	Submit Date: 06/30/2020	Call Sign: WETS-FM	Facility ID: 18253
City: JOHNSON CITY	State: TN			
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 06/30/2020	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.	Supplement to Broadcast EEO Program Report (File No. 0000110060)
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
East Tennessee State University Public Not-for-Profit Educational Institution Doing Business As: East Tennessee State University	Wayne Winkler P.O. Box 70630 Johnson City, TN 37614 United States	+1 (423) 439-6440	winklerw@etsu.edu	OTH

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David G. O'Neil , Esq . Rini O'Neil, PC	1200 New Hampshire Avenue, NW Suite 600 Washington, DC 20036 United States	+1 (202) 955-3931	doneil@rinioneil.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
18253	WETS-FM	JOHNSON CITY	TN	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?	No

Additional Program Report

Responsibility for Implementation

Questions

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Wayne Winkler	Station Manager

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	06/30 /2020
Certified Title	Associate VP for Health Affairs
Authorized Party Name	David Linville

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019 EEO Public File Report (WETS).pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
2020 EEO Public File Report (WETS).pdf	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
EEO Program Statement (ETSU).pdf	Applicant	Narrative Statement	EEO Statement	Done with Virus Scan and/or Conversion
WETS Supplement.pdf	Applicant	All Purpose	Supplement	Done with Virus Scan and/or Conversion