

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001735646** File Number: **0000122660** Submit Date: **09/28/2020** Call Sign: **WGCU** Facility ID: **62388** City:

FORT MYERS State: FL

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 09/28/2020 Filing Status:

**Active** 

### General Information

Section	Question	Response
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
The Florida Gulf Coast University Board of Trustees Doing Business As: WGCU	RICK JOHNSON 10501 FGCU BLVD. SOUTH FORT MYERS, FL 33965 United States	+1 (239) 590- 7072	RJOHNSON@FGCU. EDU	GOE

# **Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Derek Teslik Gray Miller Persh LLP	2233 Wisconsin Ave NW Ste 226 Washington, DC 20007 United States	+1 (202) 559- 7489	dteslik@graymillerpersh. com	Legal Representative

#### Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
69378	WMKO	MARCO ISLAND	FL	No
69042	WGCU-FM	FORT MYERS	FL	No
62388	WGCU	FORT MYERS	FL	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

#### 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
Rick Johnson	General 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	09/28 /2020
Certified Title	President
Authorized Party Name	Mike Martin

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
WGCU 2019-20 EEO Report.pdf	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion
WGCU-FM-TV- WMKO FCC 396 EEO Narrative Statement. pdf	Applicant	Narrative Statement	WGCU-FM-TV-WMKO FCC 396 EEO Narrative Statement	Done with Virus Scan and/or Conversion
WGCU- WMKO EEO Public File Report 2019.pdf	Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus Scan and/or Conversion