

(REFERENCE COPY - Not for submission)

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

File Number: **0000230036** Submit Date: **2023-11-30** FRN: **0004573473**

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/30/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0004573473	District Board of Trustees of Pensacola State College, Florida	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1000 College Blvd, Bldg 23	Pensacola	FL	32504	+1 (850) 484- 1200	jhubbs@wsre. org

2. Contact Representative

Name	Organization
Barry S. Persh	Gray Miller Persh LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave., NW Suite 226	Washington	DC	20007	+1 (202) 776- 2458	bpersh@graymillerpersh. com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	Licensee		
Is the Respondent's governing boindirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No	

(b) Provide the following information about this report:		
Purpose	Biennial	
"As of" date	10/01/2023	
	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.	

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
District Board of Trustees of Pensacola State College, Florida	0004573473

Fac. ID No.	Call Sign	City	State	Service
17611	WSRE	PENSACOLA	FL	DTV

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.

Document Information		
Description of contract or instrument	PBS National Program Service and Membership Agreement	
Parties to contract or instrument	PBS	
Date of execution	08/1974	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: PBS Membership Agreement	

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0004573473	0004573473		
Entity Name	District Board of Tru	District Board of Trustees of Pensacola State College, Florida		
Address PO Box				
	Street 1	1000 College Blvd, Bldg 23		

	Street 2			
	City	Pensacola		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	32504		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	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 attributable interest in one or more broadcast stations that do not appear on this report?				

Ownership Information			
FRN	9990128854		
Name	Carol Carlan		
Address	PO Box		
	Street 1	3420 Oakmont Dr	
	Street 2		
	City	Pensacola	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32503	
	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	Consultant		
By Whom Appointed or Elected	Governor of Florida		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	

	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990128865		
Name	Marjorie T. Moore		
Address	РО Вох		
	Street 1	204 Bayou Blvd.	
	Street 2		
	City	Pensacola	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32503	
	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	Financial Advisor		
By Whom Appointed or Elected	Governor of Florida		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	9990128874	
Name	Patrick Dawson	

Address	РО Вох	
	Street 1	5582 Colinas Verde Dr.
	Street 2	
	City	Milton
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32570
	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	Retired	
By Whom Appointed or Elected	Governor of Florida	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages	Voting	12.5%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No

Ownership Information		
FRN	9990128878	
Name	Kevin Lacz	
Address	PO Box	
	Street 1 1399 Players Club Court	
	Street 2	
	City Gulf Breeze	
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32563
	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	Physician's Assistant	
By Whom Appointed or Elected	Governor of Florida	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	12.5%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No

Ownership Information		
FRN	9990128894	
Name	C. Edward Meadows	
Address	РО Вох	
	Street 1	1000 College Blvd.
	Street 2	
	City	Pensacola
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32504
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President, Pensacola State College	
Principal Profession or Occupation	College President	
By Whom Appointed or Elected	Board of Trustees	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting 0.0%	
(enter percentage values		

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on the	re an attributable interest in one o	r more broadcast stations	No

FRN	9990146328	
Name	Troy M. Tippett, II.	
Address	РО Вох	
	Street 1	2253 Banquos Ct.
	Street 2	
	City	Pensacola
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32503
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Board ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired Physician	
By Whom Appointed or Elected	Governor of Florida	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	12.5%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt	

Ownership Information			
FRN	9990155366	9990155366	
Name	Gordon Sprague	Gordon Sprague	
Address	РО Вох		
	Street 1	1333 College Parkway #333	

City	Gulf Breeze	
State ("NA" if non-U.S. address)	FL	
Zip/Postal Code	32563	
Country (if non-U.S. address)	United States	
Other Interest Holder		
Officer, Other - Board Vice ChairMember of Governing Board (or other governing entity)		
Business Owner		
Governor of Florida		
Citizenship	US	
Gender	Male	
Ethnicity	Hispanic or Latino	
Race	White	
Voting	12.5%	
Equity	0.0%	
Total assets (Equity Debt Plus)		
	State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) Other Interest Holder Officer, Other - Board Vice Ch Business Owner Governor of Florida Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt	State ("NA" if non-U.S. address) Zip/Postal Code 32563 Country (if non-U.S. address) Other Interest Holder Officer, Other - Board Vice ChairMember of Governing Board (or other governing of Business Owner Governor of Florida Citizenship US Gender Male Ethnicity Hispanic or Latino Race White Voting 12.5% Equity 0.0% Total assets (Equity Debt

Ownership Information		
FRN	9990155367	
Name	Gabriel Bullaro	
Address	PO Box	
	Street 1	HCA West Florida Hospital
	Street 2 8383 N. Davis Hwy. City Pensacola State ("NA" if non-U.S. address)	
	Zip/Postal Code	32514
	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	Hospital CEO		
By Whom Appointed or Elected	Governor of Florida		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

	9990155368	
Name		
	Julie Sheppard	
Address	PO Box	
_	Street 1	40 S. Alcaniz Street
_	Street 2	
_	City	Pensacola
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32502
	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	Legal Counsel and Ex. VP IHMC	
By Whom Appointed or Elected	Governor of Florida	
- · · · · · · · · · · · · · · · · · · ·	Citizenship	US
intormation (reaction	Gender	Female
Persons Only)	Ethnicity	Hispanic or Latino
	Race	White
	Voting	12.5%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%

	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No	
` , .	that any interests, including equity this filing are non-attributable. t an explanation.	, financial, or voting	Yes	

(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.

The District Board of Trustees of Pensacola State College is the licensee of public TV Station WSRE. There is no parent entity.

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: President Exact Legal Title or Name of Respondent: District Board of Trustees of Pensacola State College, Florida Name: C Edward Meadows Phone: 8504841700