

(REFERENCE COPY - Not for submission)

### Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0004573473** | File Number: **0000014188** | Submit Date: **09/30/2016** | Call Sign: **WSRE** | Facility ID: **17611** | City: **PENSACOLA** | State: **FL** 

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 09/30/2016 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<br>Type |
|--|--|----------------------|-------------------------|-------------------|
| THE DISTRICT BOARD OF TRUSTEES, PENSACOLA STATE COLLEGE, FL. Doing Business As: THE DISTRICT BOARD OF TRUSTEES, PENSACOLA STATE COLLEGE, FL. | 1000<br>COLLEGE<br>BLVD<br>PENSACOLA,<br>FL 32504<br>United States | +1 (850)<br>484-1212 | SCESARETTI@WSRE.<br>ORG | GOE               |

# **Contact Representatives**

Information not provided.

| Commonility Identifier | Call Sign | City      | State | Time Brokerage Agreement |
|------------------------|-----------|-----------|-------|--------------------------|
| Stations<br>17611      | WSRE      | PENSACOLA | FL    | No                       |

# Mid-Term Report Questions

| Section         | Question  | Response |
|-----------------|---|----------|
| Mid-Term Report | Does your station employment unit employ fewer than five full-time employees? | No       |

### Additional Mid-Term Report Questions

### **Responsibility for Implementation**

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                |
|---------------------|----------------------|
| Sandy Cesaretti Ray | General Manager WSRE |

### 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        | 09/30<br>/2016                     |
|-----------------------|------------------------------------|
| Certified Title       | President, Pensacola State College |
| Authorized Party Name | C. Edward<br>Meadows               |

### **Attachments**

| File Name                     | Uploaded<br>By | Attachment<br>Type | Description                                | Upload Status                          |
|-------------------------------|----------------|--------------------|--|--|
| WSRE 2014-2015 EEO report.pdf | Applicant      | All Purpose        | 2014-2015 Annual EEO Public<br>File Report | Done with Virus Scan and/or Conversion |
| WSRE 2015-2016 EEO report.pdf | Applicant      | All Purpose        | 2015-2016 Annual EEO Public<br>File Report | Done with Virus Scan and/or Conversion |