

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0015050008** | File Number: **0000082559** | Submit Date: **09/30/2019** | Call Sign: **DWFSX** | Facility ID: **2882** | City: **FORT MYERS** | State: **FL**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2019** | 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.	2019 Schedule 396
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
SUN BROADCASTING INC Doing Business As: SUN BROADCASTING INC	James W. Schwartzel 2824 PALM BEACH BOULEVARD FORT MYERS, FL 33916 United States	+1 (239) 337-2346	Jim. Schwartzel@sbroadcast.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph A Belisle , III . Belisle Law Firm PA	PO Box 970620 STE 1450 MIAMI, FL 33197 United States	+1 (305) 978-7675	joe@belislelaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
61504	WXCW	NAPLES	FL	No
66223	WXNX	SANIBEL	FL	No
2882	WFSX	FORT MYERS	FL	No
58276	WFFY	SAN CARLOS PARK	FL	No
66224	WARO	NAPLES	FL	No
50321	WFSX-FM	ESTERO	FL	No
51333	WNOG	NAPLES	FL	No

Program Report Questions

Section	Question	Response
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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

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
James W Schwartzel	President

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	09/30/2019
Certified Title	President
Authorized Party Name	James W Schwartzel

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO NARRATIVE STATEMENT.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
SUN 2019 FCC EEO Public File.pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
sun_public_file.pdf	Applicant	EEO Public File Report	2018 EEO Public File Report	Done with Virus Scan and/or Conversion