

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002151751** File Number: **0000173536** Submit Date: **11/30/2021** Call Sign: **WQRC** Facility ID: **58948** City

BARNSTABLE State: MA

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 11/30/2021 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.	Sandab Form 396 EEO Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SANDAB COMMUN. LTD. PARTNERSHIP II Doing Business As: SANDAB COMMUN. LTD. PARTNERSHIP II	737 MAIN STREET HYANNIS, MA 02601 United States	+1 (508) 771- 1224	license@ccb- media.com	LIP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Matthew S. DelNero Covington and Burling	Matthew S. DelNero One CityCenter 850 Tenth Street, NW Washington, DC 20009 United States	+1 (202) 662-5543	mdelnero@cov.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
8592	WOCN-FM	ORLEANS	MA	No
8586	WKPE-FM	SOUTH YARMOUTH	MA	No
17066	WFCC-FM	СНАТНАМ	MA	No
58948	WQRC	BARNSTABLE	MA	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?

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
Gregory Bone	ManagingPartner

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	11/30 /2021
Certified Title	President of the Corporate General Partner
Authorized Party Name	Stephen D. Seymour

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Public File Report 120119 to 113020.pdf	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
EEO Public File Report 120120 to 113021.pdf	Applicant	EEO Public File Report	2021 EEO Public File Report	Done with Virus Scan and/or Conversion
Form 396 Narrative Statement.	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion