



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0018796649** | File Number: **0000072657** | Submit Date: **05/13/2019** | Call Sign: **WSTG** | Facility ID: **4944** | City: **PRINCETON** | State: **WV**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/13/2019** | 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.	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
PRINCETON BROADCASTING, INC. Doing Business As: PRINCETON BROADCASTING, INC.	P O BOX 5588 PRINCETON, WV 24740 United States	+1 (304) 425-2151	micah@star95.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Patricia Tolley , mrs . Owner Princeton Broadcasting	#1 Radio Lane Princeton, WV 24740 United States	+1 (304) 425-2151	pattolley@star95.com	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
12044	WRIC-FM	RICHLANDS	VA	No
4945	WAEY	PRINCETON	WV	No
4944	WSTG	PRINCETON	WV	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

Responsibility for Implementation

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
Micah Strader	Program Director

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	05/13 /2019
Certified Title	Program Director
Authorized Party Name	Micah Strader

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019 Narrative.docx	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
EEO 2018- 2019.docx	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEO all forms 2016 to 2017. pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEO all forms 2017 to 2018. pdf	Applicant	EEO Public File Report	Past EEO reports	Done with Virus Scan and/or Conversion