

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0001843341	File Number: 0000082901	Submit Date: 09/30/20	019 Call Sign: WCIE	Facility ID: 60262	City:
NEW PORT RICHEY State: FL					
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 09/30/2019	Filing Status: Active	

General	Section	Question	Response	
Information	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.	WJIS/WCIE Broadcast Equal Employment Opportunity Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
RADIO TRAINING NETWORK, INC.	James L. Campbell P.O. BOX 7217 LAKELAND, FL 33807 United States	+1 (863) 644- 3464	GOSRAD@AOL. COM	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	A. Wray Fitch , III . Attorney GAMMON & GRANGE, P.C.	8280 Greensboro Drive, Suite 140 McLean, VA 22102 United States	+1 (703) 761- 5013	AWF@GG-LAW. COM	Legal Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	54857	WJIS	BRADENTON	FL	No
	60262	WCIE	NEW PORT RICHEY	FL	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	

Program Report Questions	port A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the s official's name and title are:					
	Name Title					
	William Harrier		Compliance	e Manager		
Certification	Question					Response
	The undersigned certifies that he or a trustee, authorized employee, or othe on behalf of the party filing the report F.R. Section 1.23(a), who is authoriz or she has read the document; that t ground to support it; and that it is not	er individual of t; or (b) an atto ted to represer o the best of h	duly elected o rney qualified at the party filin is or her knowl	or appointed official who is authoriz to practice before the Commission of the report, and who further certifi	ed to sign under 47 C. ies that he	
	Certified Date					09/30 /2019
	Certified Title					President
	Authorized Party Name					James L. Campbell
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Sta	tus

File Name	Uploaded By	Attachment Type	Description	Upload Status
2017-2018 WJIS-WCIE EEO Annual Public File Report.pdf	Applicant	EEO Public File Report	2017-2018 WJIS-WCIE EEO Annual Public File Report	Done with Virus Scan and/or Conversion
2018-2019 WJIS-WCIE EEO Annual Public File Report.doc	Applicant	EEO Public File Report	2018-2019 WJIS-WCIE EEO Annual Public File Report	Done with Virus Scan and/or Conversion
WJIS and WCIE Form 396 Narrative Statement.docx	Applicant	Narrative Statement	WJIS and WCIE Form 396 Narrative Statement	Done with Virus Scan and/or Conversion