

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003773835** File Number: **0000107064** Submit Date: **03/04/2020** Call Sign: **WNKR** Facility ID: **24817** City

WILLIAMSTOWN State: KY

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 03/04/2020 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.	WNKR 396
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
GRANT COUNTY BROADCASTERS, INC. Doing Business As: GRANT COUNTY BROADCASTERS, INC.	Jeffrey Ziesmann P.O. BOX 182 DRY RIDGE, KY 41035 United States	+1 (859) 894- 9106	jziesmann@fuse. net	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
ROBERT L. Olender,	Robert L. Olender	+1 (301) 468-	ROLENDER.	Legal
Esq.	Esq.	3336	LAW@COMCAST.NET	Representative
President	7020 Richard Drive			
KOERNER &	Bethesda, MD 20817			
OLENDER, P.C.	United States			
JAMES M Stitt	James Stitt	+1 (513) 621-	TOWERJIM@AOL.COM	Technical
CONSULTING	621 EAST MEHRING	9292		Representative
ENGINEER	WAY			
JMS & Associates, Inc.	SUITE 1907			
	CINCINNATI, OH			
	45202			
	United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
24817	WNKR	WILLIAMSTOWN	KY	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	Yes
	those permanently working 30 or more hours a week?	

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	03/04 /2020
Certified Title	President
Authorized Party Name	Jeffrey Ziesmann

Attachments

No Attachments.