

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0030669287** | File Number: **0000083196** | Submit Date: **10/01/2019** | Call Sign: **WECQ** | Facility ID: **19475** | City: **DESTIN** | State: **FL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2019** | 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.	WECQ, WHWY, WWAV WZLB RENEWAL EEO
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
COMMUNITY BROADCASTERS, LLC Doing Business As: COMMUNITY BROADCASTERS, LLC	199 WEALTHA AVENUE WATERTOWN, NY 13601 United States	+1 (315) 782-1240	jim_leven@commbroadcasters.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Daniel Kirkpatrick LEGAL COUNSEL Fletcher, Heald & Hildreth, PLC	1300 N 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812-0432	kirkpatrick@fhhlaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
56374	WHWY	HOLT	FL	No
19475	WECQ	DESTIN	FL	No
19473	WWAV	SANTA ROSA BEACH	FL	No
60811	WZLB	VALPARAISO	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
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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 L. Leven	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	10/01 /2019
Certified Title	President
Authorized Party Name	James L. Leven

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2018 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report	2018 EEO Public File Report	Done with Virus Scan and /or Conversion
Community Broadcasters 396 Ex.pdf	Applicant	All Purpose	EEO Public File	Done with Virus Scan and /or Conversion
Community EEO Narrative Statement.PDF	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
Community Florida 2019 EEO Public File Report.PDF	Applicant	EEO Public File Report	2019 Annual EEO Public File Report	Done with Virus Scan and /or Conversion