

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 002509	1 398 F	ile Number: 0000099511	Submit Date: 01/23/2	2020 Call Sign: WMPR	Facility ID: 29552 City:			
JACKSON	State: MS							
Service: Full F	ower FM	Purpose: EEO Report	Status: Received	Status Date: 01/23/2020	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.	WMPR EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
J.C. MAXWELL BROADCASTING GROUP, INC Doing Business As: J.C. MAXWELL BROADCASTING GROUP, INC	Wanda Evers 1018 PECAN PARK CIRCLE JACKSON, MS 39209 United States	+1 (601) 948-5835	wandaevers520@yahoo. com	COR

Contact Representatives

Contact Name		Address		Phone)	Ema	ail	Contact Type
Wanda Evers Chair J.C. Maxwell Broadcasting, I	nc.	CIRCLE	CAN PARK MS 39209	+1 (60 5835	01) 948-	war com	ndaevers520@yahoo. n	Chair
Jeneba Jalloh Ghatt , Esq . Consultant Jeneba Jalloh Ghatt, Consult	tant	JJ Ghatt 4423 Leh #476 College P 20782 United Sta	ark, MD	+1 (30 3287	01) 660-	jgha	att@gmail.com	Legal Representative
ROB NEAL Board member J.C. MAXWELL BROADCAS GROUP	STING	CIRCLE	CAN PARK N, MS 39209	+1 (60 5835)1) 948-	RO	BNEALN@AOL. M	Board membe
		United Sta						
Facility Identifier	Call Si		City	St	tate	Time	Brokerage Agreemen	t

Common Stations

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?	Yes

Certification

Question

Response

Evers

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	01/23 /2020
Certified Title	Chair
Authorized Party Name	Wanda

Attachments

No Attachments.