

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0004770764** | File Number: **0000113998** | Submit Date: **05/19/2020** | Call Sign: **WHSB** | Facility ID: **15509** | City: **ALPENA** | State: **MI**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/19/2020** | 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.	2020 Edwards Comms. license renew - Alpena EEO
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
EDWARDS COMMUNICATIONS, LC	ATTN: JERRY EDWARDS 125 EAGLE'S NEST DRIVE SENECA, SC 29678 United States	+1 (000) 000-0000	johnsneely@yahoo.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John Neely , Esq . Miller and Neely, PC	3750 University Blvd., West Suite 203 Kensington, MD 20895 United States	+1 (301) 933-6304	johnsneely@yahoo.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
29289	WHAK-FM	ROGERS CITY	MI	No
61813	WWTH	OSCODA	MI	No
15509	WHSB	ALPENA	MI	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  
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
Darrell Mihigan	General Manager

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	05/19 /2020
Certified Title	Member
Authorized Party Name	Jerry Edwards

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WHSB 2019 EEO</u> <u>PFR.pdf</u>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>WWTH 2020 EEO</u> <u>PFR.pdf</u>	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>WWTH EEO narrative.doc</u>	Applicant	Narrative Statement	EEO Narrative	Done with Virus Scan and/or Conversion