

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004381208 File Number: 0000112547			Submit Date: 04/22/	2020 Call Sign: WJQK	Facility ID: 4364 City:
ZEELAND	State: MI				
Service: Full F	Power FM	Purpose: EEO Report	Status: Received	Status Date: 04/22/2020	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.	WJQK and WPNW - EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
LANSER BROADCASTING CORPORATION	425 CENTERSTONE CT. STE1 ZEELAND, MI 49464 United States	+1 (616) 931- 9930	BradL@joy99. com	COR

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Matthew H McCormick , Esq .	1300 N 17th Street, Suite 1100	+1 (703) 812- 0400	mccormick@fhhlaw. com	Legal Representative
	Fletcher, Heald & Hildreth,	Arlington, VA 22209			•
	PLC	United States			

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	4364	WJQK	ZEELAND	MI	No
	36532	WPNW	ZEELAND	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

Questions

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
Leslie J Lanser	President

Certification

QuestionResponseThe 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 delay04/22
/2020

Certified Title	President
Authorized Party Name	Leslie J
	Lanser

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2018-2019 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
EEO Public File 2019-2020.pdf	Applicant	EEO Public File Report	2019-2020 Annual EEO Public File Report	Done with Virus Scan and /or Conversion
WJQK and WPNW - EEO Narrative Statement.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion