

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002765170** | File Number: **0000113654** | Submit Date: **05/13/2020** | Call Sign: **WLEW** | Facility ID: **67045** | City: **BAD AXE** | State: **MI**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/13/2020** | 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.	2019 EEO Report for WLEW-AM
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
THUMB BROADCASTING, INC. Doing Business As: THUMB BROADCASTING, INC.	Richard A. Aymen 935 SOUTH VAN DYKE RD BAD AXE, MI 48413 United States	+1 (989) 269-9931	aymenric@gmail.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Richard A Aymen General Manager THUMB BROADCASTING, INC.	Richard A. Aymen 935 SOUTH VAN DYKE RD BAD AXE, MI 48413 United States	+1 (989) 269-9931	aymenric@gmail.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67046	WLEW-FM	BAD AXE	MI	No
67045	WLEW	BAD AXE	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
Richard A Aymen	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	05/13 /2020
Certified Title	General Manager
Authorized Party Name	Richard A Aymen

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>2018 Employees Hired (6-1-17-5-31-2018).pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>2018 Recruitment Initiatives May 31 2018.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>2019 Employees Hired (6-1-18-5-31-2019).pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>2019 Recruitment Initiatives May 31 2019.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>Employment mission statement 2019.pdf</u>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion