

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005880075** | File Number: **0000119781** | Submit Date: **08/03/2020** | Call Sign: **WNVR** | Facility ID: **52910** | City: **VERNON HILLS** | State: **IL**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **08/03/2020** | 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 Polnet EEO Schedule 396
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
POLNET COMMUNICATIONS, LTD.	3656 W BELMONT AVE. CHICAGO, IL 60618 United States	+1 (773) 588-6300	walter.kotaba@gmail.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joan Stewart Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-7438	jstewart@wiley.law	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
52909	WKTA	EVANSTON	IL	No
52910	WNVR	VERNON HILLS	IL	No
49293	WPJX	ZION	IL	No
72957	WEEF	DEERFIELD	IL	No
28309	WRDZ	LA GRANGE	IL	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
Jola Santocka	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	08/03 /2020
Certified Title	President
Authorized Party Name	Walter Kotaba

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO 2018 2019 Polnet.pdf</a>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">EEO 2020 Polnet.pdf</a>	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion