

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0013890413** | File Number: **0000176349** | Submit Date: **12/01/2021** | Call Sign: **WWFK** | Facility ID: **164251** | City:
PLATTSBURGH WEST | State: **NY**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **12/01/2021** | 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.	Broadcast EEO Program Report (Barre)
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
Great Eastern Radio, LLC	35 South Main Street Suite 300 Hanover, NH 03755 United States	+1 (603) 359-7110	jeffreydshapiro@gmail.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David G. O'Neil , Esq . Rini O'Neil, PC	2101 L Street, NW Suite 300 Washington, DC 20037 United States	+1 (202) 955-3931	doneil@rinioneil.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
34813	WSNO	BARRE	VT	No
164249	WXMS	AU SABLE	NY	Yes
34810	WRFK	BARRE	VT	No
20606	WJKS	KEESEVILLE	NY	No
164251	WWFK	PLATTSBURGH WEST	NY	No
17808	WWFY	BERLIN	VT	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?	Yes
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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	12/01 /2021
Certified Title	Managing Member
Authorized Party Name	Jeffrey D. Shapiro

Attachments

No Attachments.