

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0031520877** File Number: **0000176088** Submit Date: **12/01/2021** Call Sign: **WPXC** Facility ID: **54620** City:

HYANNIS State: MA

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.	EEO for Cape Cod WPXC, WHYA, WFRQ and WKFY
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
Coxswain Media LLC Doing Business As: Coxswain Media LLC	253 Old Stockbridge Road Lenox, MA 01240 United States	+1 (917) 846- 3930	sdchessare@gmail. com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Sally A. Buckman Attorney Lerman Senter PLLC	Sally Buckman 2001 L Street, NW Suite 400 Washington, DC 20036 United States	+1 (202) 429- 8970	sbuckman@lermansenter. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
29570	WFRQ	HARWICH PORT	MA	No
29571	WHYA	MASHPEE	MA	No
189527	WKFY	EAST HARWICH	MA	No
54620	WPXC	HYANNIS	MA	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?

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
Merril Leferman	Responsible 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	12/01 /2021
Certified Title	Manager
Authorized Party Name	Steve Chessare

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
211128-Cape-Cod-EU-EEO.pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
CodComm-2020-EEO Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
NARRATIVE STATEMENT- Coxswain EEO Program Report.pdf	Applicant	Narrative Statement		Done with Virus Scan and /or Conversion