

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0021256607** | File Number: **0000178474** | Submit Date: **01/03/2022** | Call Sign: **WDNY** | Facility ID: **15369** | City: **DANSVILLE** | State: **NY**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/03/2022** | 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.	WDNY-AM EEO
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
GENESEE MEDIA CORPORATION Doing Business As: GENESEE MEDIA CORPORATION	Brian McGlynn 197 MAIN STREET DANSVILLE, NY 14437 United States	+1 (585) 698-2757	BRIAN. MCGLYNN@GENESEEMEDIA. NET	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JAMES L. Oyster LAW OFFICES OF JAMES L. OYSTER	108 OYSTER LN. CASTLETON, VA 22716 United States	+1 (540) 937- 4800	JOYSTER@CROSSLINK. NET	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
202663	W276DZ	BROCKPORT	NY	Yes
150641	W248BH	ROCHESTER	NY	Yes
15370	WDNY-FM	DANSVILLE	NY	No
15369	WDNY	DANSVILLE	NY	No
15767	WRSB	BROCKPORT	NY	Yes
200219	W289CX	DANSVILLE	NY	No

Program Report Questions

Section	Question	Response
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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

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	01/03 /2022
Certified Title	President and CEO
Authorized Party Name	Brian P McGlynn

Attachments

No Attachments.