

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0007380231** File Number: **0000182869** Submit Date: **01/31/2022** Call Sign: **WLEA** Facility ID: **52841** City

HORNELL State: NY

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 01/31/2022 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.	PMJ EEO Program Report (for WLEA(AM) and WCKR (FM)
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
PMJ COMMUNICATIONS, INC. Doing Business As: PMJ COMMUNICATIONS, INC.	Glenn Leaman 5942 COUNTY ROUTE 64 HORNELL, NY 14843 United States	+1 (607) 324- 1480	wleawckr@infoblvd. net	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Glenn Leaman Station Manager PMJ Communications, Inc.	5942 County Route 64 Hornell, NY 14843 United States	+1 (607) 324- 1480	wleawckr@infoblvd. net	Station Manager
Anne Paxson Partner Borsari & Paxson.	5335 Wisconsin Avenue, N. W. Suite 440 Washington, DC 20015 United States	+1 (202) 296- 4800	atp@baplaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
52841	WLEA	HORNELL	NY	No
52842	WCKR	HORNELL	NY	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? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Full-time Employees		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	01/31 /2022
Certified Title	Vice President
Authorized Party Name	Brendan Doran

Attachments

No Attachments.