

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0010349694** File Number: **0000186645** Submit Date: **03/14/2022** Call Sign: **WMWM** Facility ID: **58636** City

SALEM State: MA

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 03/14/2022 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.	EEO
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
SALEM STATE COLLEGE BOARD OF TRUSTEES Doing Business As: SALEM STATE COLLEGE BOARD OF TRUSTEES	Justin Snow 352 Lafayette St, Salem, MA 01970 SALEM, MA 01970 United States	+1 (978) 542-6477	justin. snow2@salemstate. edu	PNE

#### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Shawn Provencher	Shawn M	+1 (978) 210-	shawn.provencher@gmail.	Technical
Technician	Provencher	0869	com	Representative
S AND P	205 Highland Ave			
Technologies	Apt 3101			
	SALEM, MA 01970			
	United States			

### Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
58636	WMWM	SALEM	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?	No

## Program Report Questions

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
Justin Snow	

#### 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	03/14/2022
Certified Title	Technician
Authorized Party Name	Shawn Provencher , Provencher

#### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
publicfile2.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
public file.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
WMWM Salem EEO Statement.	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion