

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0026735274
 File Number:
 0000092073
 Submit Date:
 12/02/2019
 Call Sign:
 WJMK
 Facility ID:
 4600
 City:

 BRIDGEPORT
 State:
 MI

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 12/02/2019
 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.	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
NORTHERN STATES BROADCASTING CORPORATION Doing Business As: NORTHERN STATES BROADCASTING CORPORATION	Philip Bernstein 6101E. North SHERIDAN ROAD EAST POINT UNIT 4C CHICAGO, IL 60660 United States	+1 (773) 262-4383	philip. bernstein@rcn. com	COR

Contact Representatives	Contact Name		Address	Phone	Email	Contact Type
	Philip Bernstein , Mr . general manager northern states broadcas corporation	sting	Philip Bernstein PO Box 60660 East Point Unit 4 C Chicago, IL 60660 United States	+1 (773) 262- 4383	philip.bernstein@rcn. com	general manager
	Matthew McCormick , M Attorney Fletcher, Heald and Hild		Matthew McCormick 1300 North 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw. com	Legal Representative
Common Stations	Facility Identifier 4600	Call Sign WJMK	City BRIDGEPORT	State MI	Time Brokerage Agr o No	eement
Program Report Questions	Section	Quest	ion		Respon	se

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	12/02 /2019
Certified Title	General Manager
Authorized Party Name	Philip Bernstein , Mr

Attachments

No Attachments.