

1

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0031833445
 File Number:
 0000113956
 Submit Date:
 05/19/2020
 Call Sign:
 WJER
 Facility ID:
 73134
 City:

 DOVER-NEW PHILADELPH
 State:
 OH

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 05/19/2020
 Filing Status:
 Active

General	Section	Question	Response
Information	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.	2020 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WJER RADIO, LLC Doing Business As: WJER RADIO, LLC	Amy Smith, GM 646 BOULEVARD DOVER, OH 44622 United States	+1 (330) 343- 7755	wjerproduction@wjer. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John C. Trent , Esq . Counsel Putbrese Hunsaker & Trent, P. C.	John C. Trent, Esq. 200 South Church Street Woodstock, VA 22664 United States	+1 (540) 459- 7646	fccman3@shentel. net	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	73134	WJER	DOVER-NEW PHILADELPH	ОН	No
Program Report Questions	Section	Que	stion		Response
	th jui all		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)?		
	fu		oes your station employment unit employ fewer than five III-time employees? Consider as "full-time" employees all lose permanently working 30 or more hours a week?		s all

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
Amy Smith	GM

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	05/19 /2020
Certified Title	Managing Member
Authorized Party Name	Zachary A Petricola

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO NARRATIVE.docx	Applicant	Narrative Statement	EEO Narrative	Done with Virus Scan and /or Conversion
EEO Public File Report 6-1-19 til 5-31-20.pdf	Applicant	EEO Public File Report	2019-2020	Done with Virus Scan and /or Conversion
f-eeo-public-file-report-2017-201820180531- 200442421-pdf.pdf	Applicant	EEO Public File Report	2017-2018	Done with Virus Scan and /or Conversion
g-eeo-public-file-report-2018-201920200311- 190202600-pdf.pdf	Applicant	EEO Public File Report	2018-2019	Done with Virus Scan and /or Conversion