

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0017259094
 File Number:
 0000181325
 Submit Date:
 01/26/2022
 Call Sign:
 WMSA
 Facility ID:
 97
 City:

 MASSENA
 State:
 NY

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/26/2022
 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.	Massena EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>STEPHENS MEDIA GROUP MASSENA, LLC</b> Doing Business As: STEPHENS MEDIA GROUP MASSENA, LLC	2448 E 81ST STREET SUITE 5500 TULSA, OK 74137 United States	+1 (918) 492-2660	gena. mitchell@smgnational. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Joseph C. Chautin III	1080 West Causeway	+1 (985) 629-	jchautin@hardycarey.	Legal
	Hardy, Carey, Chautin &	Approach	0777	com	Representative
	Balkin, LLP	Mandeville, LA 70471			
		United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
77827	WPAC	OGDENSBURG	NY	No
3410	WNCQ-FM	CANTON	NY	No
49708	WYSX	MORRISTOWN	NY	No
15821	WRCD	CANTON	NY	No
97	WMSA	MASSENA	NY	No
60470	WVLF	NORWOOD	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	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

## **Responsibility for Implementation** Additional A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That **Program Report** Questions official's name and title are: Title Name Gena Mitchell **Executive Assistant** Question Response Certification 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 01/26 /2022 **Certified Title** Manager Authorized Party Name David P Stephens

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO PF Report 2021-22.pdf	Applicant	EEO Public File Report	EEO 21-22	Done with Virus Scan and/or Conversion
EEO Program Report (narrative statement).pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
Massena EEO 20-21.pdf	Applicant	EEO Public File Report	EEO 20-21	Done with Virus Scan and/or Conversion