

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0015380025** | File Number: **0000181460** | Submit Date: **01/26/2022** | Call Sign: **WOKN** | Facility ID: **47322** | City: **SOUTHPORT** | State: **NY**  
 Service: **Full Power FM** | 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.	EEO Program Report
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
<b>TOWER BROADCASTING LLC</b> Doing Business As: TOWER BROADCASTING LLC	56 GAIL DRIVE OWEGO, NY 13827 United States	+1 (607) 687-5544	GORDON@GRITELECOM.COM	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Reid Avett Womble Bond Dickinson (US) LLP	2001 K Street, NW Suite 400 South Washington, DC 20006 United States	+1 (202) 857-4425	Reid.Avett@wbd-us.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
52121	WVIN-FM	BATH	NY	No
47322	WOKN	SOUTHPORT	NY	No
55271	WEHH	ELMIRA HTS-HORSEHDS	NY	No
52119	WABH	BATH	NY	No
52122	WLVY	ELMIRA	NY	No
52120	WELM	ELMIRA	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?	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	01/26 /2022
Certified Title	Sole Member
Authorized Party Name	Gordon Ichikawa

Attachments

No Attachments.