

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003763109** File Number: **0000179726** Submit Date: **01/12/2022** Call Sign: **WWAC** Facility ID: **19617** City:

OCEAN CITY/SOMERS PO State: NJ

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 01/12/2022 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.	WWAC-AM1020 employs onlytwo fulltime employees and reporting that in my license renewal application .
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
Enrico Brancadora CEO Doing Business As: Enrico. S. Brancadora, Sole Proprietor	Enrico Brancadora PO Box 08501 Allentown, NJ 08501 United States	+1 (609) 638- 5680	wibg1020@live. com	IND

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Steven Lovelady ESQ Shainis & Peltzman, Chartered 1850 M Street NW, Suite 240 Washington, DC 20036 Office Phone: 202-293-0011, ext. 113 Cell Phone: 410-371-8809	Steven Lovelady PO Box 08501 Washington, DC 20036, DC 20036 United States	+1 (609) 638- 5680	steve@s- plaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19617	WWAC	OCEAN CITY/SOMERS PO	NJ	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

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	01/12/2022
Certified Title	President /CEO
Authorized Party Name	Enrico Samuel Brancadora , Mr

Attachments

No Attachments.