

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0021868559** | File Number: **0000187561** | Submit Date: **03/29/2022** | Call Sign: **WMCE-FM** | Facility ID: **41215**  
 City: **ERIE** | State: **PA**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/29/2022** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	LECOM Pennsylvania EEO program report
<b>Attachments</b>	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>Lake Erie College of Osteopathic Medicine, Inc.</b>	Aaron Susmarski 1858 West Grandview Blvd. Erie, PA 16509 United States	+1 (814) 860-5101	asusmarski@lecom.edu	PNE

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David A. O'Connor Legal Counsel Wilkinson Barker Knauer, LLP	David A. O'Connor 1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 383-3429	doconnor@wbklaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
13967	WWCB	CORRY	PA	No
41215	WMCE-FM	ERIE	PA	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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	03/29 /2022
Certified Title	President
Authorized Party Name	John M. Ferretti

**Attachments**

No Attachments.