

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0003772803
 File Number:
 0000073573
 Submit Date:
 05/29/2019
 Call Sign:
 WBRB
 Facility ID:
 9302
 City:

 BUCKHANNON
 State:
 WV

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 05/29/2019
 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.	WWLW/ WAJR-FM/ WFBY/ WBRB - EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
West Virginia Radio Corporation of Buckhannon	1251 Earl L. Core Road Morgantown, WV 26505 United States	+1 (304) 554- 3900	dale.miller@wvradio. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Matthew H McCormick , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw. com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	9302	WBRB	BUCKHANNON	WV	No
	74163	WWLW	CLARKSBURG	WV	No
	26143	WFBY	BUCKHANNON	WV	No
	79305	WAJR-FM	SALEM	WV	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	-	Consider as "fu	employ fewer than five ull-time" employees all pre hours a week?	No			
Additional Program Report Questions	Responsibility for Implementation 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							
	Dale Miller		Р	resident				
Certification	Question					Response		
	The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, part trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sig behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 ( R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he she has read the document; that to the best of his or her knowledge, information, and belief there is good gro							
	Certified Date							
	Certified Title					President		
	Authorized Party Name					Dale Miller		
Attachments	File Name	Uploaded By	Attachment Type	Description	Uploa	d Status		
	01309664.PDF	Applicant	EEO Public File Report	WWLW/ WAJR-FM/ WFE WBRB - 2017-2018 Annu Report				
	WBRB Narrative Statement.pd	<u>f</u> Applicant	Narrative Statement	Narrative Statement	Done Scan Conve			

EEO

Report

Public File

WWLW/ WAJR-FM/ WFBY/

Report

WBRB - 2018-2019 Annual EEO

Done with Virus

Scan and/or Conversion

WWLW WAJR-FM WFBY and WBRB - Applicant

2018-2019 Annual EEO Report.pdf