

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0005079421** | File Number: **0000079215** | Submit Date: **07/31/2019** | Call Sign: **WQNT** | Facility ID: **31946** | City: **CHARLESTON** | State: **SC**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/31/2019** | 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.	EEO Program Report for Kirkman Stations
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KIRKMAN BROADCASTING, INC. Doing Business As: KIRKMAN BROADCASTING, INC.	60 MARKFIELD DRIVE UNIT 4 CHARLESTON, SC 29407 United States	+1 (843) 763-6631	gil@kirkmanbroadcasting.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Nancy A Ory Member Lerman Senter PLLC	Nancy A. Ory Lerman Senter PLLC 2001 L Street, NW, Suite 400 Washington, DC 20036 United States	+1 (202) 416-6791	nory@lermansenter.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
72370	WTMZ	DORCHESTER TERR.-BRE	SC	No
31946	WQNT	CHARLESTON	SC	No
34590	WQSC	CHARLESTON	SC	No
24201	WWIK	MCCLELLANVILLE	SC	No
66798	WJNI	LADSON	SC	Yes

Program Report Questions

Section	Question	Response
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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

**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
Jay Harper	Operations Manager

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	07/31 /2019
Certified Title	President
Authorized Party Name	Guilford M. Kirkman , Jr .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>FCC Form 396 - EEO Program Narrative Statement.pdf</u>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion
<u>Kirkman EEO Public File Report 2016-2017.pdf</u>	Applicant	EEO Public File Report	EEO Public File Report 2016-2017	Done with Virus Scan and /or Conversion
<u>Kirkman EEO Public File Report 2017-2018.pdf</u>	Applicant	EEO Public File Report	EEO Public File Report 2017-2018	Done with Virus Scan and /or Conversion