

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0007130057	File Number: 0000078124	Submit Date: 07/16/20	19 Call Sign: WLGP	Facility ID: 27623 City:
HARKERS ISLAND	State: NC			
Service: Full Power FI	Purpose: EEO Report	Status: Received	Status Date: 07/16/2019	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 2019
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applican Type
AUGUSTA RADIO FELLOWSHIP INSTITUTE, INC. Doing Business As: AUGUSTA RADIO FELLOWSHIP INSTITUTE, INC.	Clarence Barinowski 2278 WORTHAM LANE GROVETOWN, GA 30813 United States	+1 (706) 309-9610	CTBARINOWSKI@COMCAST. NET	NFP

Contact Representatives	Contact Name		Address	Phone	Email	Contact Type
	Brian Dickert General Manager AUGUSTA RADIO FELL INSTITUTE, INC.	OWSHIP	Brian Dickert 2278 WORTHAM LANE GROVETOWN, GA 30813 United States	+1 (706) 309-9610	Brian@gnnradio.org	General Representative
	Jeffrey Southmayd SOUTHMAYD & MILLEF	R	4 Ocean Ridge Boulevard Palm Coast, FL 32137 United States	+1 (386) 445-9156	JDSOUTHMAYD@MSN. COM	Legal Representative
	Jeffrey Southmayd ATTORNEY Southmayd and Miller		SOUTHMAYD & MILLER 4 OCEAN RIDGE BOULEVARD SOUTH PALM COAST, FL 32137 United States	+1 (386) 445-9156	JDSOUTHMAYD@MSN. COM	Technical Representative
Common Stations	Facility Identifier 27623	Call Sign	n City HARKERS ISLAND	State NC	Time Brokerage Agree No	ment
Program Report Questions	Section	Que	estion		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	07/16 /2019
Certified Title	General Manager
Authorized Party Name	Brian Dickert

Attachments

No Attachments.