(REFERENCE COPY - Not for submission) Broadcast Equal Employment Opportunity Program Report

FRN: 0005079421 | File Number: 0000079940 | Submit Date: 08/05/2019 | Call Sign: WQNT | Facility ID: 31946 | City: CHARLESTON | State: SC

Service: Full Power AM | Purpose: EEO Report | Status: Received | Status Date: 08/05/2019 | Filing Status: Active

	Section	Question	Question			Response
General Information	Application Description	visible only to	the application (255 c you and is not part of will be displayed in yo	Amended EEO Report for Kirkman Stations		
	Attachments	Are attachment filed with this a	ts (other than associat application?	Yes		
Licensee	Licensee Name, Typ	e and Contact Inform	nation			
Information	Applicant		Address	Phone	Email	Applicant Type
			60 MARKFIELD			

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

United States

Contact
Representatives

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

Common Stations

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

Program Report Questions

34390	QSC CHARLESTON	SC NO		
Section	Question		Response	
Discrimination Complaints	during this license ter competent jurisdiction	resolved complaints been filed rm before any body having on under federal, state, territoria alawful discrimination in the es of the station(s)?		
Full-time Employ	five full-time employ	nployment unit employ fewer the vees? Consider as "full-time" permanently working 30 or mo	No	

Responsibility for Implementation

Additional Program Report Questions

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

$\boldsymbol{\alpha}$	٠.	•		4 •	
Cert	Ħ	Ħ	ca	Ħ	on

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

Guilford

Authorized Party Name

M.

Kirkman

, Jr. .

Attachments

File Name	Uploaded By	Attachment Type Description	Upload Status
FCC Form 396 - EEO Program Narrative Statement.pdf	Applicant	EEO Public File Report	Done with Virus Scan and/or Conversion
<u>Kirkman EEO Public File Report 2017-</u> 2018.pdf	Applicant	EEO Public File Report	Done with Virus Scan and/or Conversion
Kirkman EEO Public File Report 2018- 2019.pdf	Applicant	EEO Public File Report	Done with Virus Scan and/or Conversion
Reason for Amendment.pdf	Applicant	All Purpose	Done with Virus Scan and/or Conversion