

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004936670** | File Number: **0000090213** | Submit Date: **11/18/2019** | Call Sign: **WBDX** | Facility ID: **54445** | City: **TRENTON** | State: **GA**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/18/2019** | 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.	WBDX EEO Report
Attachments	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
PARTNERS FOR CHRISTIAN MEDIA, INC. Doing Business As: PARTNERS FOR CHRISTIAN MEDIA, INC.	P.O. BOX 24297 CHATTANOOGA, TN 37422 United States	+1 (423) 892-1200	blubell@j103.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph C. CHAUTIN, III Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
54445	WBDX	TRENTON	GA	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	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
Linda Yeargan	CFO

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	11/18 /2019
Certified Title	President
Authorized Party Name	Robert H Lubell

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WBDX Form 396 EEO Narrative Statement updated.docx</u>	Applicant	All Purpose	WBDX EEO Form 396 EEO Narrative Statement	Done with Virus Scan and/or Conversion
<u>WBDX Form 396 EEO PF Report (12-1-17 thru 11-30-18).pdf</u>	Applicant	EEO Public File Report	WBDX EEO PF Report 2017-18	Done with Virus Scan and/or Conversion
<u>WBDX Form 396 EEO PF Report (12-1-18 thru 11-30-19).pdf</u>	Applicant	EEO Public File Report	WBDX Form 396 EEO PF Report 2018-19	Done with Virus Scan and/or Conversion