

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0009769472
 File Number:
 000091046
 Submit Date:
 11/25/2019
 Call Sign:
 WCKA
 Facility ID:
 7898
 City:

 JACKSONVILLE
 State:
 AL

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 11/25/2019
 Filing Status:
 Active

General	Section	Question	Response
Information	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.	WCKA FCC Form 396 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>ALABAMA 810, LLC</b> Doing Business As: ALABAMA 810, LLC	Mr. Steve Gradick P.O. BOX 8 ANNISTON, AL 36202 United States	+1 (770) 830- 1055	STEVE1027@AOL. COM	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Gary S. Smithwick , Esquire . Legal Counsel SMITHWICK & BELENDIUK, P.C.	Mr. Gary S. Smithwick 5028 WISCONSIN AVENUE, NW SUITE 301 WASHINGTON, DC 20016 United States	+1 (202) 363- 4560	GSMITHWICK@FCCWORLD. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	7898	WCKA	JACKSONVILLE	AL	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?	Yes

## Question

Member

Steven L. Gradick

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner,<br/>trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on<br/>behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.<br/>R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or<br/>she has read the document; that to the best of his or her knowledge, information, and belief there is good ground<br/>to support it; and that it is not interposed for delay11/25<br/>/2019

Authorized Party Name

Certified Title

**Attachments** 

No Attachments.