

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004993457
 File Number:
 0000088038
 Submit Date:
 11/04/2019
 Call Sign:
 WANI
 Facility ID:
 63796
 City:

 OPELIKA
 State:
 AL

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 11/04/2019
 Filing Status:
 Active

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.	WANI EEO Filing
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Common Stations

Applicant	Address	Phone	Email	Applicant Type
AUBURN NETWORK, INC. Doing Business As: AUBURN NETWORK, INC.	Michael G. Hubbard P.O. BOX 950 AUBURN, AL 36831	+1 (334) 826- 2929	hubbard@aunetwork. com	COR
	United States			

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Mark Lipp Attorney Fletcher, Heald & Hildreth	Mark Lipp 1300 North 17th Street 11thFloor Arlington, VA 22209 United States	+1 (703) 812-0400	lipp@fhhlaw.com	Legal Representative

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
15283	WGZZ	WAVERLY	AL	No
63796	WANI	OPELIKA	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?	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
Michael G Hubbard	President

Certification

Question

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 11/04

Response

	/2019
Certified Title	President
Authorized Party Name	Michael
	G
	Hubbard

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2017-annual-eeo-report-20180212-	Applicant	EEO Public	2017 EEO	Done with Virus Scan and
230225929-pdf.pdf		File Report	Report	/or Conversion
2018-annual-eeo-public-file-report-	Applicant	EEO Public	2018 EEO	Done with Virus Scan and
20181120-162059241-pdf.pdf		File Report	Report	/or Conversion
Auburn Network Two-YearEEO Report.docx	Applicant	Narrative Statement	Two-Year EEO Activities	Done with Virus Scan and /or Conversion