

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0014042816** | File Number: **0000091734** | Submit Date: **11/27/2019** | Call Sign: **WHLW** | Facility ID: **6655** | City: **LUVERNE** | State: **AL**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/27/2019** | 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.	2019 - Montgomery, AL. SEU EEO Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

**Licensee Information**

**Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
CAPSTAR TX, LLC	7136 S. YALE AVENUE SUITE 501 TULSA, OK 74136 United States	+1 (918) 664-4581	FCCCONTACT@IHEARTMEDIA.COM	LLC

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Elizabeth E. Goldin , Esq . Wiley Rein LLP	1776 K Street, N.W. Washington, DC 20006 United States	+1 (202) 719-3199	egoldin@wileyrein.com	Legal Representative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
6655	WHLW	LUVERNE	AL	No
8649	WZHT	TROY	AL	No
8662	WWMG	MILLBROOK	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
Linda Byrd	Region President

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	11/27 /2019
Certified Title	General Counsel
Authorized Party Name	Paul McNicol

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">2018 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	2018 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">2019 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion