

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

| FRN: 0028718377 Fi | ile Number: 0000092054 | Submit Date: 12/02/ | 2019 Call Sign: WKIH | Facility ID: 172182 City: |
|------------------------|------------------------|----------------------------|-------------------------|---------------------------|
| VIDALIA State: GA | | | | |
| Service: Full Power FM | Purpose: EEO Report | Status: Received | Status Date: 12/02/2019 | 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. | EEO Report WKIH, Vidalia, GA FAC# 172182 | |
| | Attachments | Are attachments (other than associated schedules) being filed with this application? | No | |

Licensee Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------|---------------------------|-------------------|
| MIDDLE GEORGIA COMMUNITY RADIO Doing Business As: MIDDLE GEORGIA COMMUNITY RADIO | Victor Vickers PO Box 1070 Douglas, GA 31534 United States | +1 (806) 340- 1284 | VICTORV2112@GMAIL. COM | NFP |

| Contact Representatives | Contact Name | Address | Phone | | Email | Contact Type |
|-----------------------------|---|--|--------------------|-----------|----------------------|---------------------------------|
| | Vern Egli Officer Middle Georgia Community Radio | Vern Egli 106 East Lake Street Lagrange, IN 46761 United States | +1 (806) 9 1284 | 340- | vernegli@gmail.com | n Manager |
| | GENE WISNIEWSKI CONSULTING ENGINEER Genew2012 | Gene Wisniew 1472 E 3100 S Wendell, ID 8 United States | S 0472 | 944- | GENEW2012@gma com | il. Technical Representative |
| Common | Facility Identifier | Call Sign | City | State | Time Brokerage | Agreement |
| Stations | 172182 | WKIH | VIDALIA | GA | No | |
| | | | | | | |
| Program Report Questions | Section | Question | | | | Response |
| | Discrimination Complaints | Have any pendi | ng or resolved c | omplaints | been filed during | No |

of the station(s)?

this license term before any body having competent jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

| | 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 | | | |
|---------------|--|---|-----|--|--|--|
| Certification | Question | Question | | | | |
| | trustee, authorized employed behalf of the party filing the R. Section 1.23(a), who is a she has read the document; | 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 | Certified Date | | | | |
| | Certified Title | Certified Title | | | | |
| | Authorized Party Name | Authorized Party Name | | | | |
| | | | | | | |

Attachments

No Attachments.