

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0004993069** | File Number: **0000092057** | Submit Date: **12/02/2019** | Call Sign: **WTHO-FM** | Facility ID: **8475** |  
 City: **THOMSON** | 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.	2019 EEO Program Report Form 396
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
<b>CAMELLIA CITY COMMUNICATIONS, INC.</b> Doing Business As: CAMELLIA CITY COMMUNICATIONS, INC.	D Michael Wall 788 CEDAR ROCK ROAD THOMSON, GA 30824 United States	+1 (706) 595-5122	mike@wtho.com	COR

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
D Michael Wall President Camellia City Communications, Inc.	D Michael Wall 788 Cedar Rock Road Thomson, GA 30824 United States	+1 (706) 595-5122	mike@wtho.com	Station Owner

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
8475	WTHO-FM	THOMSON	GA	No
151804	W285EP	THOMSON	GA	No
8476	WTWA	THOMSON	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?	Yes

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	12/02 /2019
Certified Title	President
Authorized Party Name	D Michael Wall

Attachments

No Attachments.