

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 00050	0 03579 Fi	ile Number: 0000098810	Submit Date: 01/21/2	2020 Call Sign: WWMS	Facility ID: 58932 City:
OXFORD	State: MS				
Service: Full	Power FM	Purpose: EEO Report	Status: Received	Status Date: 01/21/2020	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.	2020 EEO Report WWMS
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SAN DOW BROADCASTING, INC. Doing Business As: SAN DOW BROADCASTING, INC.	David L. Melton, Jr., Chief Engineer PO Box 2639 GULFPORT, MS 39505 United States	+1 (228) 896- 5500	technical@kicker108. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John C Trent , Esq . Counsel Putbrese Hunsaker & trent, P. C.	John C. Trent, Esq. 200 South Church Street Woodstock, VA 22664 United States	+1 (540) 459- 7646	fccman3@shentel. net	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokeraç	ge Agreement
	58932	WWMS	OXFORD	MS	No	
Program Report	Section	Question	Question			Response
Questions	Discrimination Complaints	this license te jurisdiction un alleging unlav	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	full-time empl	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

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That Questions official's name and title are: Name Title President John M Dowdy Question Response Certification 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 01/21 /2020 **Certified Title** President Authorized Party Name John M Dowdy **Description Upload Status File Name** Uploaded By Attachment Type **Attachments** Narrative Narrative.San.Dow.docx Applicant Narrative Statement Done with Virus Scan and/or Conversion San Dow EEO_2018.pdf Applicant EEO Public File Report 2018 Done with Virus Scan and/or Conversion

2019

EEO Public File Report

Done with Virus Scan and/or Conversion

San Dow EEO_2019.pdf

Applicant