

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001786268** | File Number: **0000108835** | Submit Date: **03/24/2020** | Call Sign: **WKDZ-FM** | Facility ID: **25886**  
 City: **CADIZ** | State: **KY**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/24/2020** | 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.	WKDZ-FM EEO With Renewal
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
<b>HAM BROADCASTING COMPANY, INC.</b> Doing Business As: HAM BROADCASTING COMPANY, INC.	Beth A. Mann PO Box 1900 19 D. J. EVERETT DR CADIZ, KY 42211 United States	+1 (270) 522-3232	BMANN@WKDZRADIO.COM	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dawn M SCIARRINO Managing Member Sciarrino & Shubert, PLLC	Dawn Sciarrino 330 Franklin Road Suite 135A-133 Brentwood, TN 37027 United States	+1 (202) 256-9551	dawn@sciarrinolaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
55651	WHVO	HOPKINSVILLE	KY	No
25886	WKDZ-FM	CADIZ	KY	No
25887	WKDZ	CADIZ	KY	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
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Additional  
Program Report  
Questions

Responsibility for Implementation

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
Beth A Mann	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	03/24 /2020
Certified Title	President
Authorized Party Name	Beth A. Ham

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">LR Ham 2018-2019 EEO Report.pdf</a>	Applicant	EEO Public File Report	EEO 2018-2019	Done with Virus Scan and/or Conversion
<a href="#">LR Ham 2019-2020 EEO Report.pdf</a>	Applicant	EEO Public File Report	EEO 2019-2020	Done with Virus Scan and/or Conversion
<a href="#">LR Ham EEO Exhibit[12009].pdf</a>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion