

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005427554
 File Number:
 0000109805
 Submit Date:
 03/27/2020
 Call Sign:
 WEKH
 Facility ID:
 18306
 City:

 HAZARD
 State:
 KY

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 03/27/2020
 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.	EKU 396EEO SEU 03272020	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Common Stations

Applicant	Address	Phone	Email	Applicant Type
EASTERN KENTUCKY UNIVERSITY Doing Business As: EASTERN KENTUCKY UNIVERSITY	Mike Savage 521 LANCASTER AVENUE 102 PERKINS BUILDING RICHMOND, KY 40475 United States	+1 (859) 622- 1662	Mike. savage@eku.edu	GOE

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Ernest T Sanchez , Esq The Sanchez Law Firm PC	Ernest T Sanchez 1155 F Street NW Suite 1050 Washington, DC 20004 United States	+1 (202) 237- 2814	ernestsanchez2348@gmail. com	Legal Representative
	TIMOTHY L. WARNER, P.E. L. Warner , P.E TECHNICAL CONSULTANT Timothy L. Warner, Inc.	TIMOTHY L. WARNER, INC. POST OFFICE BOX 8045 ASHEVILLE, NC 28814 United States	+1 (828) 258- 1238	TWARNER@TLWINC.NET	Technical Representative

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
18307	WEKU	RICHMOND	KY	No
18306	WEKH	HAZARD	KY	No
173819	WEKP	PINEVILLE	KY	No
92574	WEKF	CORBIN	KY	No

	Section Question Response						
Program Report Questions	Section				Response	Response	
Quoonono	Discrimination ComplaintsHave any pending or resolved complaints been filed during this license term before any body having competent				No		
				ritorial or local law,			
		alleging unlawful discrimination in the employment practices of the station(s)?					
	Full-time Employees	Does your station	No				
				'full-time" employees all nore hours a week?			
Additional	Responsibility for Implem	entation					
Program Report	A broadcast station must assign	n a particular official o	overall responsib	ility for equal employment op	oportunity at the sta	ation. That	
Questions	official's name and title are:						
	Name		Title				
	Mike Savage		General M	anager			
Certification	Question					Response	
	The undersigned certifies that						
	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.						
		horized to represent the party filing the report, and who further certifies that he or					
	she has read the document; th		or her knowledge	e, information, and belief there	e is good ground		
	to support it; and that it is not interposed for delay						
	Certified Date						
	Certified Title						
						and General	
	Authorized Party Name						
						1	
Attachments	File Name	Uploadec By	Attachment Type	Description	Upload Sta	tue	
		-			•		
	EKU 2019-20 EEO Annual Pu Report 03272020.pdf	blic File Applicant	EEO Public File Report	Exhibit 1B EKU EEO Ann Public File Rpt 2019-20	ual Done with ' and/or Con		
			·	·			
	EKU EEO Annual Public File F 2018-19.pdf	<u>Rpt</u> Applicant	EEO Public File Report	EKU EEO Annual Public F Rpt 2018-19	File Done with and/or Con		
	<u>2010-19.pul</u>		гие кероп	11/11/2010-19	anu/or Con	VCI SIO[]	

Applicant

Narrative

Statement

Exhibit 2 EKU SEU 2018-20

Narrative Statement

Done with Virus Scan

and/or Conversion

Exhibit 2 - EKU SEU 2018-20

Outreach Narrative 03272020.pdf