

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0027161777	File Number: 0000109565	Submit Date: 03/26/2020	Call Sign: WIRE	Facility ID: 87829	City:
LEBANON	State: IN				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 03/26/2020	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.	EEO Report for WIRE, Lebanon, IN
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
COMMUNITY RADIO PARTNERS Doing Business As: COMMUNITY RADIO PARTNERS	Randy Lawson 2890 WASHINGTON AVENUE FRANKFORT, IN 46041 United States	+1 (765) 242-3440	randy@randylawson.com	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
RICHARD Carr , Esq. . J. Richard Carr Consulting, Inc.	Randy lawson 2890 Washington Avenue Frankfort, IN 46041 United States	+1 (765) 242-3440	randy@randylawson.com	Legal Representative
Randy Lawson Vice President Community Radio Partners	Randy Lawson 2890 Washington Avenue Frankfort, IN 46041 United States	+1 (765) 242-3440	randy@randylawson.com	Vice President

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
87829	WIRE	LEBANON	IN	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
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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	03/26 /2020
Certified Title	Vice President
Authorized Party Name	Randy Lawson

Attachments

No Attachments.