

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0005012141** | File Number: **0000115430** | Submit Date: **06/01/2020** | Call Sign: **WNXT** | Facility ID: **62328** | City: **PORTSMOUTH** | State: **OH**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2020** | 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.	WNXT and WNXT-FM EEO Report
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
HOMETOWN BROADCASTING OF PORTSMOUTH, INC. Doing Business As: HOMETOWN BROADCASTING OF PORTSMOUTH, INC.	602 Chillicothe Street Post Office Box 1228 Portsmouth, OH 45662 United States	+1 (740) 353-1161	wnxtradio2@yahoo.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Arthur V. Belendiuk , Esquire . Legal Counsel Smithwick & Belendiuk, P. C.	Mr. Arthur V. Belendiuk 5028 Wisconsin Avenue, N.W. Suite 301 Washington, DC 20016 United States	+1 (202) 363-4559	abelendiuk@fccworld.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
62328	WNXT	PORTSMOUTH	OH	No
62329	WNXT-FM	PORTSMOUTH	OH	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

**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
Stephen Hayes	Station Manager

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	06/01 /2020
Certified Title	President
Authorized Party Name	Phillip Bruce Leslie , Esquire .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WNXT AM and FM EEO Narrative Statement.pdf</u>	Applicant	Narrative Statement	WNXT AM and FM EEO Narrative Statement	Done with Virus Scan and/or Conversion
<u>WNXT AM and FM EEO Public File Report 2018-2019.pdf</u>	Applicant	EEO Public File Report	EEO Public File Report 2018-2019	Done with Virus Scan and/or Conversion
<u>WNXT AM and FM EEO Public File Report 2019-2020.pdf</u>	Applicant	EEO Public File Report	EEO Public File Report 2019-2020	Done with Virus Scan and/or Conversion