

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0011303625** | File Number: **0000118292** | Submit Date: **07/22/2020** | Call Sign: **WMIX** | Facility ID: **73096** | City: **MOUNT VERNON** | State: **IL**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/22/2020** | 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.	WMIX AM and WMIX 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
WITHERS BROADCASTING COMPANY OF ILLINOIS, LLC Doing Business As: WITHERS BROADCASTING COMPANY OF ILLINOIS, LLC	POST OFFICE BOX 1508 MOUNT VERNON, IL 62864 United States	+1 (618) 242-3500	lisaroddy@mywithersradio.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dawn M Sciarrino , ESQ. . Legal Representative SCIARRINO & SHUBERT, PLLC	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
73103	WMIX-FM	MOUNT VERNON	IL	No
73096	WMIX	MOUNT VERNON	IL	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
Lisa Roddy	Controller

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	07/22 /2020
Certified Title	Sole Member
Authorized Party Name	Dana Withers

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>EEO Narrative Statement .docx</u>	Applicant	Narrative Statement		Done with Virus Scan and /or Conversion
<u>Withers of IL - EEO - 2020-07-31.pdf</u>	Applicant	EEO Public File Report	WMIX FM and WMIX AM EEO Report 19-20	Done with Virus Scan and /or Conversion
<u>WMIX FM and WMIX AM EEO Report 2019.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion