

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0022491476** | File Number: **0000073729** | Submit Date: **05/30/2019** | Call Sign: **WHAG** | Facility ID: **23466** | City: **HALFWAY** | State: **MD**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/30/2019** | 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.	Alpha Hagerstown, MD /Chambersburg, PA June 2019 EEO Schedule 396
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
ALPHA MEDIA LICENSEE LLC	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517-6200	bob@alphamediausa.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-3360	kkirby@wileyrein.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
23466	WHAG	HALFWAY	MD	No
10110	WCHA	CHAMBERSBURG	PA	No
23469	WDL D	HALFWAY	MD	No
25128	WQCM	GREENCASTLE	PA	No
10108	WIKZ	CHAMBERSBURG	PA	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
Deana Platter	Business 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	05/30 /2019
Certified Title	President
Authorized Party Name	Robert Proffitt

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2018 EEO Public File Report.pdf	Applicant	EEO Public File Report	2018 Public File Report	Done with Virus Scan and/or Conversion
2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
Schedule 396 Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
SEU Statement.pdf	Applicant	All Purpose	SEU Statement	Done with Virus Scan and/or Conversion