

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0022491476 File Number: 0000079227 Submit Date: 07/31/2019 Call Sign: WARQ Facility ID: 58400 City: COLUMBIA State: SC Status Date: 07/31/2019 Service: Full Power FM Purpose: EEO Report Status: Received Filing Status: Active

General	Section	Question	Response	
Information	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.	Columbia, SC August 2019 EEO Schedule 396	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee 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	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006-2304 United States	+1 (202) 719-3360	kkirby@wileyrein.com	Legal Representative

Common **Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
58398	WWDM	SUMTER	SC	No
19471	WMFX	ST. ANDREWS	SC	No
54576	WSCZ	WINNSBORO	SC	No
58400	WARQ	COLUMBIA	SC	No
73370	WPCO	COLUMBIA	SC	No
50522	WHXT	ORANGEBURG	SC	No

Program Report	Section	Question	Response
Questions	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	full-time er		nit employ fewer than fiv s "full-time" employees a more hours a week?					
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	Name Title							
	Felicia Cokley	Felicia Cokley Business Manager							
Certification	Question					Response			
	trustee, authorized employ behalf of the party filing the R. Section 1.23(a), who is she has read the documen	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					07/31 /2019			
	Certified Title	Certified Title							
	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 a Conversion	nd/or			
	2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019 Public File Report	Done with Virus Scan a Conversion	nd/or			
	Narrative Statement.pdf	Applicant	Narrative	Narrative Statement	Done with Virus Scan a	nd/or			

Statement

Conversion