

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004539417** | File Number: **0000108148** | Submit Date: **03/17/2020** | Call Sign: **WPWX** | Facility ID: **17304** | City: **HAMMOND** | State: **IN**
Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/17/2020** | 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.	2020 WPWX license renewal - EEO
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
DONTRON, INC.	W.C. Alexander P. O. BOX 3003 BLUE BELL, PA 19422 United States	+1 (215) 628-3500	crisa@crawfordbroadcasting.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John Neely , Esq . MILLER AND NEELY, P.C.	Suite 203 3750 University Blvd., West Kensington, MD 20895 United States	+1 (301) 933- 6304	JOHNSNEELY@YAHOO. COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
21202	WYRB	GENOA	IL	No
17304	WPWX	HAMMOND	IN	No
6590	WSRB	LANSING	IL	No
73700	WYCA	CRETE	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)?	Yes
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
Angela Williams	Business Operations 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	03/17 /2020
Certified Title	President
Authorized Party Name	Donald Crawford

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WPWX 2019 EEOPFR.pdf</u>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>WPWX 2020 EEO narrative.pdf</u>	Applicant	Narrative Statement	Outreach Narrative	Done with Virus Scan and/or Conversion
<u>WPWX 2020 EEOPFR.pdf</u>	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>WPWX complaints.pdf</u>	Applicant	Discrimination Complaints	Complaints	Done with Virus Scan and/or Conversion