

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0023368541** File Number: **0000113838** Submit Date: **05/18/2020** Call Sign: **WGFT** Facility ID: **74164** City:

CAMPBELL State: OH

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 05/18/2020 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.	EEO Report for 2020 License Renewal Application
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
Y-TOWN RADIO BROADCASTING, LLC Doing Business As: Y-TOWN RADIO BROADCASTING, LLC	20 FEDERAL PLAZA WEST #M-18 YOUNGSTOWN, OH 44503 United States	+1 (817) 456- 9181	SKIP@TOWNRADIO.	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Skip Bednarczyk	3378 Caterina Drive	+1 (386) 410-	skip@ytownradio.	Station
Y-Town Radio Broadcasting,	New Smyrna Beach, FL	4660	com	Manager
LLC	32168			
	United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
74164	WGFT	CAMPBELL	ОН	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?	Yes

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	05/18/2020
Certified Title	President
Authorized Party Name	Helen
	Bednarczyk

Attachments

No Attachments.