

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002071504
 File Number:
 0000118488
 Submit Date:
 07/27/2020
 Call Sign:
 WKYX-FM
 Facility ID:
 40647

 City:
 GOLCONDA
 State:
 IL
 IL
 Status:
 Received
 Status Date:
 07/27/2020
 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.	WKYX-FM - EEO Program Report - License Renewal 2020	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BRISTOL BROADCASTING COMPANY, INC. Doing Business As: Bristol Broadcasting Company	Roger Bouldin 901 East Valley Drive Bristol, VA 24201 United States	+1 (276) 669- 8112	roger@wxbq. com	COR

Contact Name Address Phone Email **Contact Type** Contact Representatives Roger Bouldin Roger Bouldin +1 (276) 669roger@wxbq. Corporate Secretary/General 901 East Valley Corporate Secretary/General 8112 com Manager Manager Drive Bristol, VA 24201 Bristol Broadcasting Company, **United States** Inc.

Common Stations	Facility Identifier	Call Sign	City	State	Time Broker	age Agreement
	40647	WKYX-FM	GOLCONDA	IL	No	
Program Report Questions	Section	Question				Response
	Discrimination Complai	this license t jurisdiction u alleging unla	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 emp	tation employment unit bloyees? Consider as " inently working 30 or m	full-time" em	ployees all	No

Questions	A broadcast station must assign a particular officia official's name and title are:	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 Tit	Name Title							
	Jamie Futrell Ma	Jamie Futrell Market General 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								
	Certified Title	Certified Title							
	Authorized Party Name								
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload S	itatus			
	<u>Narrative Statement - EEO Program Report -</u> License Renewal 2020 - Paducah SEU.pdf	Applicant	Narrative Statement	EEO Program Narrative Statement	Done with Virus Scan and/or Conversion				
	PaducahEEO2019.pdf	Applicant	EEO Public File Report	2019 EEO Annual Public File Report	Done with Virus Scan and/or Conversion				
	PaducahEEO2020.pdf	Applicant	EEO Public File	2020 EEO Annual Public File Report	Done with Virus Scan and/or				

Report

Conversion