

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0005559596	File Number: 0000073502	Submit Date: 05/29/20	19 Call Sign: WGRQ	Facility ID: 64922 City:
FAIRVIEW BEACH	State: VA			
Service: Full Power Fl	M Purpose: EEO Report	Status: Received	Status Date: 05/29/2019	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.	Telemedia Broadcasting (WGRQ) Form 396 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TELEMEDIA BROADCASTING, INC. Doing Business As: TELEMEDIA BROADCASTING, INC.	4414 LAFAYETTE BLVD. #100 FREDERICKSBURG, VA 22408 United States	+1 (540) 891- 9696	tcooper@959wgrq. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John F. Garziglia Partner Womble Bond Dickinson (US) LLP	John F. Garziglia 1200 19th Street, N.W., Suite 500 Washington, DC 20036 United States	+1 (202) 857- 4455	john.garziglia@wbd- us.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	62205	WGRX	FALMOUTH	VA	No
	64922	WGRQ	FAIRVIEW BEACH	VA	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

Additional
Program Report
QuestionsResponsibility 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:NameTitleThomas P. CooperVice President and 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	05/29 /2019
	Certified Title	Vice President
	Authorized Party Name	Thomas P. Cooper

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Narrative.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion
EEO Report 2017-2018. pdf	Applicant	EEO Public File Report	EEO Report 2017- 2018	Done with Virus Scan and/or Conversion