

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0012656294** File Number: **0000074269** Submit Date: **06/03/2019** Call Sign: **WLUS-FM** Facility ID: **11723**

City: CLARKSVILLE State: VA

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 06/03/2019 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.	WLUS EEO PROGRAM REPORT - RENEWAL 2019
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
LAKES MEDIA, LLC Doing Business As: LAKES MEDIA, LLC	TOM BIRCH, PRES. 7120 TRENTON RIDGE COURT RALEIGH, NC 27613 United States	+1 (919) 341- 1804	TOMBIRCH@LAKESMEDIALLC. COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
DAWN M SCIARRINO , ESQ . SCIARRINO & SHUBERT, PLLC	4601 N. FAIRFAX DR. SUITE 1200 ARLINGTON, VA 22203 United States	+1 (202) 256- 9551	dawn@sciarrinolaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
31178	WHLF	SOUTH BOSTON	VA	No
150108	W244CP	SOUTH HILL	VA	No
67269	WWDN	DANVILLE	VA	No
154006	W290DA	DANVILLE	VA	No
154767	W283BN	DANVILLE	VA	No
15501	WMPW	DANVILLE	VA	No
50234	WKSK-FM	SOUTH HILL	VA	No
50235	WSHV	SOUTH HILL	VA	No
11723	WLUS-FM	CLARKSVILLE	VA	No

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	06/03/2019
Certified Title	PRESIDENT
Authorized Party Name	THOMAS BIRCH

Attachments

No Attachments.