

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0018662908
 File Number:
 0000078063
 Submit Date:
 07/15/2019
 Call Sign:
 WGTN
 Facility ID:
 23899
 City:

 GEORGETOWN
 State:
 SC
 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 07/15/2019
 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.	EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WACCAMAW BROADCASTING, LLC Doing Business As: WACCAMAW	Rodney J Stalvey 185 Port Hampton	+1 (843) 546- 1400	wgtnradio@outlook. com	LLC
BROADCASTING, LLC	Drive GEORGETOWN, SC			
	29440 United States			

Contact Representatives	Contact Name	Address		Phone	Email			Contact Type
	DELANEY DiStefano HIGGS LAW GROUP LLC	1028 BR ROAD ROCKVI 20852 United S	LLE, MD	+1 (301) 762-8992	DDISTEFA COM	NO@HIGGS	LAWGROUP.	Legal Representative
	LOUIS R Du Treil , Sr . REGISTERED PROFESSIONAL ENGINEEF DU TREIL, LUNDIN & RACKLEY, INC.	201 FLE AVENUE SARASC 34237 United S	E DTA, FL	+1 (941) 329-6000	BOBSR@E	DLR.COM		Technical Representative
Common Stations	Facility Identifier C	all Sign	City		State	Time Brok	erage Agreem	ient
	3900 V	VLMC	GEORG	GETOWN	SC	Yes		
	23899 V	VGTN	GEORG	BETOWN	SC	No		
Program Report Questions	Section	Question					Response	
	Discrimination Complaints	this license	e term befo n under fed	r resolved comp ore any body ha leral, state, terr crimination in th	aving compete itorial or local	ent law,	No	

of the station(s)?

	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	Question					
	trustee, authorized employe on behalf of the party filing t F.R. Section 1.23(a), who is or she has read the docume	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		M	019 anaging ember			
	Authorized Party Name			odney J talvey			

Attachments

No Attachments.