

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0028454726** | File Number: **0000088285** | Submit Date: **11/07/2019** | Call Sign: **WDXQ** | Facility ID: **26623** | City: **COCHRAN** | State: **GA**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/07/2019** | 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.	2019 EEO For Shanks Broadcasting
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
SHANKS BROADCASTING, LLC Doing Business As: SHANKS BROADCASTING, LLC	429 RIVER NORTH BLVD. MACON, GA 31211 United States	+1 (478) 390-1766	BSHANKS13@YAHOO.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John C Trent , Esq . Counsel Putbrese Hunsaker & Trent, P. C.	John C. Trent, Esq. 200 South Church Street Woodstock, VA 22664 United States	+1 (540) 459-7646	fccman3@shentel.net	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
26623	WDXQ	COCHRAN	GA	No
170973	WWKM	ROCHELLE	GA	No
67705	WCEH	HAWKINSVILLE	GA	No
60414	WCEH-FM	PINEHURST	GA	No
41988	WXKO	FORT VALLEY	GA	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
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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	11/07 /2019
Certified Title	Member /Manager
Authorized Party Name	Bill Shanks

Attachments

No Attachments.