

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0007 '	130057 Fi	ile Number: 0000090510	Submit Date: 11/20/ 2	2019 Call Sign: WTHP	Facility ID: 83423 City:
GIBSON	State: GA				
Service: Full	Power FM	Purpose: EEO Report	Status: Received	Status Date: 11/20/2019	Filing Status: Active

General	Section	Question	Response
Information	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 2019
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applican [:] Type
AUGUSTA RADIO FELOWSHIP INSTITUTE, INC. Doing Business As: AUGUSTA RADIO FELOWSHIP INSTITUTE, INC.	Clarence Barinowski 2278 WORTHAM LANE GROVETOWN, GA 30813 United States	+1 (706) 309-9610	CTBARINOWSKI@COMCAST. NET	NFP

Contact	Contact Name	Address		Phone	Email	Contact Type
Representatives	Clarence Barinowski President Augusta Radio Fellowship Institute	Clarence Barinc 2278 Wortham I Grovetown, GA United States	Lane	+1 (706) 309- 9610	ctbarinowski@comcast. net	Technical Representative
	Brian Dickert General Manager Augusta Radio Fellowship Institute	Brian Dickert 2278 Wortham I Grovetown, GA United States		+1 (706) 309- 9610	Brian@gnnradio.org	General Representative
	Jeffrey Southmayd Attorney SOUTHMAYD & MILLER	Jeffrey D South 4 Ocean Ridge Boulevard Soutl Palm Coast, FL United States	h	+1 (386) 445- 9156	JDSOUTHMAYD@MSN. COM	Legal Representative
Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreen	nent
Stations	83423	WTHP	GIBSON	GA	No	
Program Report	Section	Question			Respor	ise

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	11/20 /2019
Certified Title	General Manager
Authorized Party Name	Brian Dickert

Attachments

No Attachments.