

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0006965966	File Number: 0000092222	Submit Date: 12/02/2019	Call Sign: WRJY	Facility ID: 472	City:
BRUNSWICK	State: GA				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 12/02/2019	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 Program Report for License Renewals
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
GOLDEN ISLES BROADCASTING, LLC	185 BENEDICT ROAD ST. SIMONS ISLAND, GA 31520 United States	+1 (912) 261-1000	eddie@eddieesserman.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
SALLY A. BUCKMAN ATTORNEY LERMAN SENTER PLLC	2001 L STREET, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 429-8970	SBUCKMAN@LERMANSENTER.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
61418	WXMK	DOCK JUNCTION	GA	No
36929	WSSI	ST. SIMONS ISLAND	GA	No
472	WRJY	BRUNSWICK	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?	No

Additional
Program Report
Questions

Responsibility 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:

Name	Title
Ira Rosenblatt	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	12/02 /2019
Certified Title	Member
Authorized Party Name	Edward Esserman

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Golden Isles EEO Report 2018.pdf	Applicant	EEO Public File Report	2018 EEO Report	Done with Virus Scan and/or Conversion
Golden Isles EEO Report 2019.pdf	Applicant	All Purpose		Done with Virus Scan and/or Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion