

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0004121000	File Number: 0000112565	Submit Date: 04/22/20	20 Call Sign: WDKL	Facility ID: 54915 City:
MOUNT CLEMENS	State: MI			
Service: Full Power FI	M Purpose: EEO Report	Status: Received	Status Date: 04/22/2020	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.	WDKL (54915) EEO filing for License Renewal 2020	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION Doing Business As: EDUCATIONAL MEDIA FOUNDATION	DEVONA PORTER 5700 WEST OAKS BOULEVARD ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact	Contact Name	Address		Phone	Email		Contact Type
Representatives	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	MARY O'CONNOR 1800 M. STREET, N.W. SUITE 800N WASHINGTON, DC 20036 United States		+1 (202) 383-3351	MOCONNOR@WBKLAW.COM		Legal Representative
	JAMES TRAVIS FCC COMPLIANCE ENGINEER EDUCATIONAL MEDIA FOUNDATION	JAMES L TRAVIS 5700 WEST OAKS BLVD. ROCKLIN, CA 95765 United States		+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM		Technical Representative
Common	Facility Identifier	Call Sign	City		State	Time Brokerage Agre	ement
Stations	54915	WDKL	MOUNT CLEM	IENS	МІ	No	
Program Report	Section	Question	า			Response	
Questions	Discrimination Complain	nts Have an	y pending or reso	lved complaint	s been file	ed during No	

of the station(s)?

this license term before any body having competent jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	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 behalf of the party filing the R. Section 1.23(a), who is a she has read the document	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			CEO		
	Authorized Party Name			Jon William Reeves		

Attachments