

Broadcast Equal Employment Opportunity Program Report

FRN:
0014042816
File Number:
0000114805
Submit Date:
05/29/2020
Call Sign:
WTVN
Facility ID:
11269
City:

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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.	June 2020 - Columbus, OH. SEU
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Citicasters Licenses, Inc.	7136 S. YALE AVENUE SUITE 501 TULSA, OK 74136 United States	+1 (918) 664- 4581	FCCCONTACT@IHEARTMEDIA. COM	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Elizabeth E. Goldin , Esq . Wiley Rein LLP	1776 K Street, N.W. Washington, DC 20006 United States	+1 (202) 719-3199	egoldin@wiley.law	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
64716	WXZX	HILLIARD	OH	No
52042	WODC	ASHVILLE	ОН	No
11269	WTVN	COLUMBUS	ОН	No
25037	WCOL-FM	COLUMBUS	ОН	No
47741	WNCI	COLUMBUS	ОН	No
25038	WYTS	COLUMBUS	ОН	No
40170	WZCB	DUBLIN	ОН	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

Responsibility for Implementation Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That Questions official's name and title are: Title Name Kristin Foley Market President Question Response Certification 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 05/29 /2020 **Certified Title** General Counsel Authorized Party Name Paul McNicol

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019 EEO Public File	Applicant	EEO Public File	2019 EEO Public File	Done with Virus Scan and/or
Report.pdf		Report	Report	Conversion
2020 EEO Public File	Applicant	EEO Public File	2020 EEO Public File	Done with Virus Scan and/or
Report.pdf		Report	Report	Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion