

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004077426
 File Number:
 0000092360
 Submit Date:
 12/02/2019
 Call Sign:
 WGAC
 Facility ID:
 4435
 City:

 AUGUSTA
 State:
 GA

 Service:
 Full Power AM
 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.	Augusta EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BEASLEY MEDIA GROUP LICENSES, LLC	3033 RIVIERA DRIVE SUITE 200 NAPLES, FL 34103 United States	+1 (239) 263- 5000	CAROLINE@BBGI. COM	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	SALLY A. BUCKMAN 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
24423	WGAC-FM	HARLEM	GA	No
87174	WRDW	AUGUSTA	GA	No
4435	WGAC	AUGUSTA	GA	No
24148	WHHD	CLEARWATER	SC	No
14667	WDRR	MARTINEZ	GA	No
24147	WKXC-FM	AIKEN	SC	No
25467	WGUS-FM	NEW ELLENTON	SC	No
17129	WCHZ-FM	WARRENTON	GA	No

Section

Question

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)?	Yes	
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 Kent Dunn Market Manager 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 12/02 /2019 **Certified Title** CEO Authorized Party Name Caroline Beasley

Attachments

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