

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003792629** | File Number: **0000108475** | Submit Date: **03/19/2020** | Call Sign: **WKDO-FM** | Facility ID: **8890** |  
 City: **LIBERTY** | State: **KY**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/19/2020** | 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.	WKDO ad WKDO-FM EEO Program Report 2020
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
<b>SHORELINE COMMUNICATIONS, INC.</b> Doing Business As: SHORELINE COMMUNICATIONS, INC.	P.O. BOX 927 COLUMBIA, KY 42728 United States	+1 (270) 384-7979	THEWAVE@RIDINGTHEWAVE.COM	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dawn M. Sciarrino , ESQ . Legal Representative Sciarrino & Shubert, PLLC	Dawn Sciarrino 330 Franklin Road Suite 135-A-133 Brentwood, TN 37027 United States	+1 (202) 256-9551	dawn@sciarrinolaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
8890	WKDO-FM	LIBERTY	KY	No
8993	WKDO	LIBERTY	KY	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?	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	03/19 /2020
Certified Title	President
Authorized Party Name	Michael L. Harris

Attachments

No Attachments.