

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004567327** | File Number: **0000111125** | Submit Date: **04/01/2020** | Call Sign: **WCMT-FM** | Facility ID: **67053**
 City: **SOUTH FULTON** | State: **TN**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/01/2020** | 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.	THUNDERBOLT BROADCASTING COMPANY Form 396 EEO Report
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
THUNDERBOLT BROADCASTING COMPANY Doing Business As: THUNDERBOLT BROADCASTING COMPANY	PO Box 318 MARTIN, TN 38237 United States	+1 (731) 587-9526	paultinkle@wcmt.com	OTH

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JOHN F. GARZIGLIA , ESQ . WOMBLE BOND DICKINSON (US) LLP	John F. Garziglia, Esq. 1200 19th Street, N.W. Suite 500 Washington, DC 20026 United States	+1 (202) 857-4455	John.Garziglia@wbd-us.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
68612	KYTN	UNION CITY	TN	No
67054	WCMT	MARTIN	TN	No
68611	WQAK	UNION CITY	TN	No
67053	WCMT-FM	SOUTH FULTON	TN	No
67055	WCDZ	DRESDEN	TN	No

Program Report Questions

Section	Question	Response
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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
Paul F. Tinkle	President

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	04/01 /2020
Certified Title	President
Authorized Party Name	Paul F. Tinkle

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Annual EEO Public File Report for 2019 - 2020.pdf	Applicant	All Purpose	Annual EEO Public File Report for 2019-2020	Done with Virus Scan and/or Conversion
Annual EEO Public File Report for 4-1-18 through 3-31-19.pdf	Applicant	EEO Public File Report	2018-2019 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
Narrative - W - Header Thunderbolt.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion