

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0022491476
 File Number:
 0000110909
 Submit Date:
 03/31/2020
 Call Sign:
 WDJX
 Facility ID:
 55498
 City:

 LOUISVILLE
 State:
 KY

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 03/31/2020
 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.	2020 EEO Schedule 396 Louisville, KY SEU WDJX (FM)/WXMA(FM)/WMJM (FM)/WGZB-FM/WGHL(FM)
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ALPHA MEDIA LICENSEE LLC	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517- 6200	john.grossi@alphamediausa. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Kahtleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-3360	kkirby@wiley.law	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
53202	WGZB-FM	LANESVILLE	IN	No
37236	WXMA	LOUISVILLE	KY	No
51074	WGHL	SHEPHERDSVILLE	KY	No
55498	WDJX	LOUISVILLE	KY	No
10322	WMJM	JEFFERSONTOWN	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)?	Yes

	Full-time Employees	Does your station employment unit employ fewer than fiveNofull-time employees? Consider as "full-time" employees allthose permanently working 30 or more hours a week?					
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					
	Melissa Bianchi	Regional Business Manager					
Certification	trustee, authorized employ behalf of the party filing the R. Section 1.23(a), who is a	hat he or she is (a) the party filing the report, or an officer, director, member, partner, ee, or other individual or duly elected or appointed official who is authorized to sign on e report; or (b) an attorney qualified to practice before the Commission under 47 C.F. authorized to represent the party filing the report, and who further certifies that he or t; that to the best of his or her knowledge, information, and belief there is good ground not interposed for delay	Response				
	Certified Date		03/31 /2020				
	Certified Title		Chief Financial Officer				
	Authorized Party Name		John Grossi				

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
Discrimination Complaint.	Applicant	Discrimination	Discrimination Complaint	Done with Virus Scan and/or
pdf		Complaints	Exhibit	Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion