

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0007130057	7 Fi	le Number: 0000111815	Submit Date: 04/08/	2020	Call Sign: WJNA	Facility ID: 84470	City:
WESTMINSTER	State	e: SC					
Service: Full Power	FM	Purpose: EEO Report	Status: Received	Statu	s Date: 04/08/2020	Filing Status: Active	

General	Section	Question	Response	
Information	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.	WJNA EEO	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
AUGUSTA RADIO FELLOWSHIP INSTITUTE, INC. Doing Business As: AUGUSTA RADIO FELLOWSHIP INSTITUTE, INC.	Clarence Barinowski 2278 WORTHAM LANE GROVETOWN, GA 30813 United States	+1 (706) 309-9609	CTBARINOWSKI@COMCAST. NET	LLC

Contact Representatives	Contact Name		Address	Phone	Ema	il	Contact Type
	Brian Dickert Augusta Radio Fellows Inc	hip Institute,	Brian Dickert 2278 Wortham Lane Grovetown, GA 30813 United States	+1 (706) 309-9610			Representative
	Brian Dickert AUGUSTA RADIO FEL INSTITUTE, INC.	GUSTA RADIO FELLOWSHIP		+1 (706) 309-9609	CTB NET	ARINOWSKI@COMCAST.	Legal Representative
Common	Facility Identifier	Call Sigr	n City		State	Time Brokerage Agreem	nent
Stations	84470	WJNA	WESTMINST	ĒR	SC	No	
Program Report Questions	Section	Ques	tion			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	04/08 /2020
Certified Title	General Manager
Authorized Party Name	Brian Dickert

Attachments

No Attachments.