



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0023255110** | File Number: **0000128426** | Submit Date: **11/30/2020** | Call Sign: **WLTZ** | Facility ID: **37179** | City: **COLUMBUS** | State: **GA**  
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/30/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
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
SAGAMOREHILL OF COLUMBUS GA, LLC Doing Business As: SAGAMOREHILL OF COLUMBUS GA, LLC	Louis Wall 525 BLACKBURN DRIVE AUGUSTA, GA 30907 United States	+1 (706) 922-5644	louis@shbtv.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Scott Woodworth Edinger Associates PLLC	1725 I Street, NW Suite 300 Washington, DC 20006 United States	+1 (202) 747-1694	swoodworth@edingerlaw.net	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
37179	WLTZ	COLUMBUS	GA	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 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
Lisa Brown	

## 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	11/30/2020
Certified Title	Member
Authorized Party Name	Louis Wall

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Document1.pdf</u>	Applicant	Narrative Statement	EEO Narrative	Done with Virus Scan and/or Conversion
<u>EEO Public File 2019.pdf</u>	Applicant	EEO Public File Report	2019 EEO Report	Done with Virus Scan and/or Conversion
<u>EEO Report for 2020.pdf</u>	Applicant	EEO Public File Report	2020 Report	Done with Virus Scan and/or Conversion
<u>WLTZ EEO Narrative.pdf</u>	Applicant	Discrimination Complaints	Complaints Exhibit	Done with Virus Scan and/or Conversion