

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0017873902** | File Number: **0000175605** | Submit Date: **12/01/2021** | Call Sign: **WDKM** | Facility ID: **190453** | City: **POULTNEY** | State: **VT**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **12/01/2021** | 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.	WDKM EEO Program Report
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
NORTHWAY BROADCASTING, LLC	238 BAY ROAD QUEENSBURY, NY 12804 United States	+1 (518) 761-9890	cashworth@rrgf.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
F. Scott Pippin Attorney Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 20036 United States	+1 (202) 429-8970	spippin@lermansenter.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19650	WCKM-FM	LAKE GEORGE	NY	No
190453	WDKM	POULTNEY	VT	No
49092	WWSC	GLENS FALLS	NY	No
36767	WCQL	QUEENSBURY	NY	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
Clayton Ashworth	Managing Member

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	12/01 /2021
Certified Title	Managing Member
Authorized Party Name	Clayton Ashworth

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Discrimination Complaints.pdf</u>	Applicant	Discrimination Complaints		Done with Virus Scan and/or Conversion
<u>Narrative Statement.pdf</u>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
<u>WDKM - EEO PFR 2019-2020.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>WDKM - EEO PFR 2020-2021.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion