MMB EX. 18

FCC MAIL SECTION

JAN 29 11 13 AM '92

J. Jack Bramlett

Federal Communications Commission

Docket No. 92-207 Exhibit No. 18

Presented by MASS MEDIA

Disposition
- Identified 2/23
- Received 2/23
- Rejected

Reporter BARBARA LORD

Date 2/23/93

This letter confirms that your response to this request is due on January 31, 1992. Additionally, send a copy of your response to David E. Bonig, Esquire, counsel for NAACP, et al. Should you have any question regarding this matter, please contact Ms. Hope Cooper at (202) 632-7069.

Sincerely,

Glenn A. Wolfe
Chief, EEO Branch
Enforcement Division
Nasa Media Bureau

cc: Susan Marshall, Esquire
David Bonig, Esquire

/usr/eeo/cooper/bdcast/5WECS

FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB
3060-0076
Expires 12/31/84

Annual Employment Report 1982

(See Instructions)

SUBMIT two copies to FCC

SUBMIT two copies to FCC

SECTION I (applicable to all respondents)

A. ☐ COMMON CARRIER Respondents with *fewer than sixteen* (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.

B. ☐ COMMON CARRIER Respondents with *16 or more* full-time employees during selected payroll period: CHECK BOX B and *complete* all pertinent sections of the form. Sign and return to the FCC.

C. ☐ BROADCAST Respondents with *fewer than* (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.

D. ☒ BROADCAST Respondents with 5 *or more* full-time employees during the selected payroll period: CHECK BOX D and *complete* all pertinent sections of the form. Sign and return to the FCC.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

A. ☐ For a single employment unit consisting of one or more stations

B. ☐ For a single Headquarters Office Report

C. ☐ A Consolidated Report

SECTION III (applicable to all respondents)

A. Check one, to indicate type of respondent
☒ Broadcast Respondent
☐ Common Carrier Respondent

B. Pay Period Ending Covered by this Report:
3/17 – 3/13/82
(date)

C. IF NO MAILING LABEL IS AFFIXED BELOW, OR THE NAME AND ADDRESS ON THE MAILING LABEL IS INCORRECT, COMPLETE THE FOLLOWING

Name, address and code no. (if any) of respondent

DIXIE BROADCASTING, INC.
WHOS-AM - 406 BANK ST
WDRM-FM - 401 14TH ST SE
DECATUR, AL 35601

CODE NO.

→ YOU HAVE RECEIVED THREE COPIES OF FCC FORM 395. RETURN COPY WITH MAILING LABEL (AFFIXED HERE) TO THE FCC. RETURN ONE ADDITIONAL COPY TO FCC. RETAIN THIRD COPY FOR YOUR FILES.

DO NOT REMOVE THE MAILING LABEL AFFIXED ABOVE.

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

AM ☐ AM
TV ☐ TV
☐ International
FM ☐ FM Independent
AF ☒ Combined AM and FM
FA ☐ FM Affiliated with AM in same area

(2) If station is noncommercial, check one

ET ☐ Educational TV
ER ☐ Educational Radio

(3)

Call Letters	Location
WHOS-AM	DECATUR, AL
WDRM-FM	DECATUR, AL

FCC Form 395
January 1982

AF.0000007

Federal Communications Co

Docket 92 207 Exhibit No. 19

Presenter MASS MEDIA

Identified 2/23

Disposed 2/23

Reported

Reporter BARBARA LORD

Date 2/23/93

8. If a *Headquarters Office Report*, list here (or in Appendix ____, if this space is insufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)

SECTION V	(Section V and VI) (applicable to all respondents)												
	ALL EMPLOYEES[2]			MALE					FEMALE				
				MINORITY GROUP EMPLOYEES					MINORITY GROUP EMPLOYEES				
FULL-TIME PAID EMPLOYEES JOB CATEGORIES[1]	Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
Officials and Managers	4	2	2										
Professionals	6	6											
Technicians	—	—	—										
Sales workers	4	4											
Office and Clerical	2	—	2										
Craftsmen (Skilled)	—	—	—										
Operatives (Semi-skilled)	—	—	—										
Laborers (Unskilled)	—	—	—										
Service Workers	—	—	—										
TOTAL	16	12	4										
Total employment from previous Report (if any)	15	11	4										

SECTION VI	(Section VI column titles same as Section V)												
PART-TIME PAID EMPLOYEES JOB CATEGORIES[1]													
Officials and Managers													
Professionals	1	1	—										
Technicians	—	—	—										
Sales Workers	—	—	—										
Office and Clerical	—	—	—										
Craftsmen (Skilled)	—	—	—										
Operatives (Semi-Skilled)	—	—	—										
Laborers (Unskilled)	—	—	—										
Service Workers	—	—	—										
TOTAL	1	1											
Total employment from previous Report (if any)	5	4	1										

[1] Refer to Instructions for explanation of all title functions.
[2] Include "Minority Group Employees" and others. See Instruction 7.

SECTION VII - (applicable to all respondents)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES[1]			MALE					FEMALE				
					MINORITY GROUP EMPLOYEES					MINORITY GROUP EMPLOYEES				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
On-the-job trainees[2]	White Collar	—	—	—	—	—	—	—	—	—	—	—	—	
	Production													

[1] Include "Minority Group Employees" and others. See instruction 7.
[2] Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed _____ Title VICE PRESIDENT

Date _____ Name of Respondent DIXIE BROADCASTING, INC WHOS-AM - WDIXM-FM
(must be the same as Item IIIC)

Telephone No. (include area code) 205-353-1810

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB
3060-0076
Expires 12/31/84

SUBMIT two copies to FCC

Annual Employment Report 1983

(See Instructions)

SUBMIT two copies to FCC

SECTION I (applicable to all respondents)

A. ☐ COMMON CARRIER Respondents with *fewer than sixteen* (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.

B. ☐ COMMON CARRIER Respondents with *16 or more* full-time employees during the selected payroll period: CHECK BOX B and *complete* all pertinent sections of the form. Sign and return to the FCC.

C. ☐ BROADCAST Respondents with *fewer than* (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.

D. ☒ BROADCAST Respondents with 5 *or more* full-time employees during the selected payroll period: CHECK BOX D and *complete* all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

A. Check one, to indicate type of respondent
☒ Broadcast Respondent
☐ Common Carrier Respondent

B. Pay Period Ending Covered by this Report: *(date)*

2/1 - 2/15/83

C. Name and address of respondent

Dixie Broadcasting, Inc.
P.O. Box 789
Decatur, Alabama 35602

(FOR COMMISSION USE ONLY)

CODE NO.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Units(s) covered in this Report:

A. ☒ For a single employment unit consisting of one or more stations

B. ☐ For a single Headquarters Office Report

C. ☐ A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

AM ☐ AM
TV ☐ TV
☐ International

FM ☐ FM Independent
AF ☒ Combined AM and FM
FA ☐ FM Affiliated with AM in same area

(2) If station is noncommercial, check one

ET ☐ Educational TV
ER ☐ Educational Radio

(3) Call Letters	Location
WDRM-FM	Decatur, Alabama
WHOS-AM	Decatur, Alabama

FCC Form 395
January 1983

5
AF.000000~~6~~

B. If a *Headquarters Office Report*, list here (or in Appendix_____, if this space is sufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)

C. If a *Consolidated Report*, list here (or in Appendix_____, if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations

AF.000000

SECTION V	(Section V and VI) (applicable to all respondents)												
FULL-TIME PAID EMPLOYEES JOB CATEGORIES[1]	ALL EMPLOYEES[2]			MALE					FEMALE				
				MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	(8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	(13)
Officials and Managers	2	1	1										
Professionals	7	7											
Technicians													
Sales workers	4	4											
Office and Clerical	1		1										
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	14	12	2										
Total employment from previous Report (if any)													

SECTION VI	(Section VI column titles same as Section V)												
PART-TIME PAID EMPLOYEES JOB CATEGORIES[1]													
Officials and Managers													
Professionals	1			1									
Technicians													
Sales workers													
Office and Clerical													
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	1			1									
Total employment from previous Report (if any)													

[1]Refer to instructions for explanation of all title functions.
[2]Include "Minority Group Employees" and others. See Instruction 7.

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES[1]			MALE					FEMALE				
					MINORITY GROUP EMPLOYEES					MINORITY GROUP EMPLOYEES				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
On-the-job trainees[2]	White Collar Production													

[1]Include "Minority Group Employees" and others. See instruction 7.
[2]Report only employees enrolled in formal on the-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed _____ Title *Vice President*

Date *9/21/83* Name of Respondent *Dixie Broadcasting, Inc.*

Telephone No. (include area code) *205/353-1810*

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB
3060-0076
Expires 12/31/84

SUBMIT two copies to FCC

Annual Employment Report 1984

(See Instructions)

SUBMIT two copies to FCC

SECTION I (applicable to all respondents)

A. ☐ COMMON CARRIER Respondents with *fewer than sixteen* (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.

B. ☐ COMMON CARRIER Respondents with *16 or more* full-time employees during the selected payroll period: CHECK BOX B and *complete* all pertinent sections of the form. Sign and return to the FCC.

C. ☐ BROADCAST Respondents with *fewer than* (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.

D. ☐ BROADCAST Respondents with 5 *or more* full-time employees during the selected payroll period: CHECK BOX D and *complete* all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

A. Check one, to indicate type of respondent
☒ Broadcast Respondent
☐ Common Carrier Respondent

B. Pay Period Ending Covered by this Report: *(date)*

2/1-2/15/84

C. Name and address of respondent

Dixie Broadcasting, Inc.
P.O. Box 789
Decatur, Al 35602

(FOR COMMISSION USE ONLY)

CODE NO.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Units(s) covered in this Report:

A. ☒ For a single employment unit consisting of one or more stations

B. ☐ For a single Headquarters Office Report

C. ☐ A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

AM ☐ AM
TV ☐ TV
☐ International

FM ☐ FM Independent
AF ☒ Combined AM and FM
FA ☐ FM Affiliated with AM in same area

(2) If station is noncommercial, check one

ET ☐ Educational TV
ER ☐ Educational Radio

(3) Call Letters	Location
WHOS-AM	Decatur, Al
WDRM-FM	Decatur, Al

FCC Form 395
January 1984

B. If a *Headquarters Office Report*, list here (or in Appendix____ if this space is sufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)

C. If a *Consolidated Report*, list here (or in Appendix____ if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations

SECTION V	(Section V and VII) (applicable to all respondents)												
FULL-TIME PAID EMPLOYEES JOB CATEGORIES[1]	ALL EMPLOYEES[2]			MALE					FEMALE				
				MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	(8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	(13)
Officials and Managers	3	2	1										
Professionals	6	5	1										
Technicians													
Sales workers	4	2	2										
Office and Clerical	1		1										
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	14	9	5										
Total employment from previous Report (If any)	14	12	2										

SECTION VI	(Section VI column titles same as Section V)												
PART-TIME PAID EMPLOYEES JOB CATEGORIES[1]													
Officials and Managers													
Professionals	8	7	1										
Technicians													
Sales workers													
Office and Clerical	1		1										
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	9	7	2										
Total employment from previous Report (If any)	1			1									

[1]Refer to Instructions for explanation of all title functions.
[2]Include "Minority Group Employees" and others. See Instruction 7.

AF.0000012

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES[1]			MALE					FEMALE				
					MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	(8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	(13)
On-the-job trainees[2]	White Collar Production													

[1]Include "Minority Group Employees" and others. See instruction 7.
[2]Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed J. Mack Bramlett Title Vice President

Date 5/24/84 Name of Respondent Dixie Broadcasting, Inc.

Telephone No. (include area code) 205/353-1810

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

Washington, D.C. 20554

3060-0078
Expires 12/31/87

SUBMIT two copies to FCC

Annual Employment Report 1985

(See Instructions)

SUBMIT two copies to FCC

B. - If a *Headquarters Office Report*, list here (or in Appendix____, if this space is sufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)

C. If a *Consolidated Report*, list here (or in Appendix____, if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations

SECTION V	(Section V and VII) (applicable to all respondents)												
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				MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	(8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	(13)
Officials and Managers	3	2	1										
Professionals	6	6											
Technicians													
Sales workers	4	2	2										
Office and Clerical	2		2										
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

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					MINORITY GROUP EMPLOYEES					MINORITY GROUP EMPLOYEES				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
On-the-job trainees[2]	White Collar Production													

[1]Include "Minority Group Employees" and others. See Instruction 7.
[2]Report only employees enrolled in formal on the-the-job-training programs.

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(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed_____ Title Vice President

Date 3/27/85 Name of Respondent Dixie Broadcasting, Inc.

Telephone No. (include area code) 205/353-1810

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

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FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB
3060-0076
Expires 12/31/87

Annual Employment Report 1986

(See Instructions)

SUBMIT two copies to FCC

SUBMIT two copies to FCC

SECTION I (applicable to all respondents)

A. ☐ COMMON CARRIER Respondents with *fewer than sixteen* (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.

B. ☐ COMMON CARRIER Respondents with *16 or more* full-time employees during the selected payroll period: CHECK BOX B and *complete* all pertinent sections of the form. Sign and return to the FCC.

C. ☐ BROADCAST Respondents with *fewer than* (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.

D. ☒ BROADCAST Respondents with 5 *or more* full-time employees during the selected payroll period: CHECK BOX D and *complete* all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

A. Check one, to indicate type of respondent
☒ Broadcast Respondent
☐ Common Carrier Respondent

B. Pay Period Ending Covered by this Report: *(date)*
2/1 - 2/14/86

C. Name and address of respondent

Dixie Broadcasting, Inc.
P.O. Box 789
Decatur, Al 35602

(FOR COMMISSION USE ONLY)

CODE NO.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

A. ☒ For a single employment unit consisting of one or more stations

B. ☐ For a single Headquarters Office Report

C. ☐ A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

AM ☐ AM
TV ☐ TV
☐ International

FM ☐ FM Independent
AF ☑ Combined AM and FM
FA ☐ FM Affiliated with AM in same area

(2) If station is noncommercial, check one

ET ☐ Educational TV
ER ☐ Educational Radio

(3) Call Letters	Location
WHOS AM	Decatur, Al
WDRM FM	Decatur, Al

FCC Form 395
January 1986

B. If a *Headquarters Office Report*, list here (or in Appendix____, if this space is insufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)

C. If a *Consolidated Report*, list here (or in Appendix____, if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations

SECTION V	(Section V and VI) (applicable to all respondents)												
FULL-TIME PAID EMPLOYEES JOB CATEGORIES[1]	ALL EMPLOYEES[2]			MALE					FEMALE				
				MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	(8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	(13)
Officials and Managers	3	2	1										
Professionals	8	8											
Technicians													
Sales workers	3	1	2										
Office and Clerical	2		2										
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	16	11	5										
Total employment from previous Report (If any)	14	9	5										

SECTION VI	(Section VI column titles same as Section V)												
PART-TIME PAID EMPLOYEES JOB CATEGORIES[1]													
Officials and Managers													
Professionals													
Technicians													
Sales workers													
Office and Clerical													
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment from previous Report (If any)													

[1]Refer to Instructions for explanation of all title functions.
[2]Include "Minority Group Employees" and others. See Instruction 7.

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES[1]			MALE					FEMALE				
					MINORITY GROUP EMPLOYEES					MINORITY GROUP EMPLOYEES				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
On-the-job trainees[2]	White Collar													
	Production													

[1]Include "Minority Group Employees" and others. See instruction 7.
[2]Report only employees enrolled in formal on the-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed_____ Title Vice President

Date March 20, 1986 Name of Respondent Dixie Broadcasting, Inc.

Telephone No. (include area code) 205/353-1810

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB
3060-0076
Expires 12/31/87

Annual Employment Report 1987

(See Instructions)

SUBMIT two copies to FCC

SUBMIT two copies to FCC

SECTION I (applicable to all respondents)

A. ☐ COMMON CARRIER Respondents with *fewer than sixteen* (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.

B. ☐ COMMON CARRIER Respondents with *16 or more* full-time employees during the selected payroll period: CHECK BOX B and *complete* all pertinent sections of the form. Sign and return to the FCC.

C. ☐ BROADCAST Respondents with *fewer than* (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and

SECTION III (applicable to all respondents)

A. Check one, to indicate type of respondent
☒ Broadcast Respondent
☐ Common Carrier Respondent

B. Pay Period Ending Covered by this Report: *(date)*

2/1 - 2/15/87

C. Name and address of respondent

Dixie Broadcasting, Inc.

(FOR COMMISSION USE ONLY)

CODE NO.