MMBE
90av

01

NEW EMPLOYEE - MUTUAL BENEFIT INSURANCE ENTITLEMENTS

Employee: HICKS DAVID Date Employed: 9-01-94

Employer: TRUTH ☐ WTRC/WYEZ ☐ WCKY/WWEZ ☐ WQHK/WMEE ☐ WCUZ/WCUZ-FM ☐

Compensation Basis: Salaried ☑ Account Exec ☐ Hourly-Rated ☐ SIGN ON

Date Insurance to Commence: 1-01-95

FEDERATED MEDIA GROUP LIFE/AD & D PLAN

Eligible Employees: TRUTH, WTRC/WYEZ, and WCKY/WWEZ (20 hrs or more per wk)

Initial Entitlement for both Life & AD&D: ITU, IPPAU, & USWA = $1,000
All Others . . . . = $5,000

Life Insurance Entitlement . . . . . $ _____

AD & D Insurance Entitlement . . . . . $ _____

PATHFINDER GROUP LIFE INSRUANCE PLAN

Eligible Employees: WQHK/WMEE and WCUZ/WCUZ-FM (30 hrs or more per wk)

Intial Entitlement: Salaried Employees . . . . = $25,000
Account Executives . . . . = $15,000
Hourly-Rated Employees . . = $15,000

Life Insurance Entitlement . . . . . $ 25,000

FEDERATED MEDIA LONG TERM DISABILITY INSURANCE PLAN

Eligible Employees: Salaried employees of all divisions
Account Executives employed by WTRC/WYEZ, WCKY/WWEZ, WQHK/WMEE, and WCUZ/WCUZ-FM

Initial Entitlement: Salaried employees = 60% x 1/12 of annual base salary
Account Executives = 60% x $1,000

Long-Term Disability Benefit Entitlement . . $ 5,833

PATH00852

1

Federal Communications Commission

Docket No. MM-98-66 Exhibit No. 90

Presented by MMB

Disposition

Identified

Received

Rejected

Reporter

Date 10-6-98

Oct 23, 98

FEDERATED MEDIA

- PERSONNEL CHANGE REPORT -

Date: 9/19/94

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ Sign Pro (Other) ☑

EMPLOYEE'S NAME DAVID L. HICKS

NEW EMPLOYEE: Title of Job Manager Dept. Sign Pro

This employee replaces _____ Date Started to Work 9/19

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporar

Payroll Expense Allocation ~~2450~~ 30150

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporar

Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned ☐ Why? _____

How much notice did employee give? _____

Discharged ☐ Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by [signature] Dept. Head

Approved by _____ Gen. Manage

PATH00856

2

David L. Hicks
President / CEO

WKMI
WKFR
1360 AM 103.3 FM

9/15/97

BOB —

THE FORMS YOU REQUESTED ARE ENCLOSED. CAN WE HOLD OFF A SHORT TIME ON HEALTH INSURANCE (I AM STILL COVERED). I WANT TO REVIEW THIS WITH YOU. ALSO I WILL COPY MY DRIVERS LICENSE AND S.S. CARD WITH COPY TO YOU NEXT WEEK.

THANKS —

ENJOYED BEING WITH YOU ON THE MISSOULA TRIP.

HICKS Broadcasting Corp.

~~415 Jennings Drive~~ ~~PO Box 911~~ ~~Kalamazoo, Michigan 49005~~ ~~(616) 344-0111~~

a Control number 3		OMB No. 1545-0008
b Employer's identification number 35-1180461	1 Wages, tips, other compensation 20000.00	2 Federal income tax withheld 3555.70
c Employer's name, address, and ZIP code PATHFINDER COMMUNICATION P.O. BOX 487 ELKHART IN 46515	3 Social security wages 20000.00	4 Social security tax withheld 1240.00
	5 Medicare wages and tips 20000.00	6 Medicare tax withheld 290.00
	7 Social security tips	8 Allocated tips
d Employee's social security number 369-38-8276	9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code DAVID L HICKS 7463 COTTAGE OAK DRIVE PORTAGE MI 49002	11 Nonqualified plans	12 Benefits included in Box 1
	13	14 Other
	15 Statutory employee / Deceased / Pension plan / Legal rep. / 942 emp. / Subtotal / Deferred compensation	

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
MI	35-1180461	20000.00	867.99			

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1994**

Copy 1 For State, City, or Local Tax Department

PATH00850

4

RE: HICKS MEMO #1 9405

PAT:

EFFECTIVE 1/1/95, DAVE HICKS BI-MONTHLY SALARY IS $2,916.67. THE ACCOUNT DISTRIBUTION IS AS FOLLOWS:

	ACCT.		AMOUNT	FICA	
SIGU PRO	445.95	42%	1,250.00	90.05	93.74
WMEE	583.50	6%	156.25	12.86	13.39
WQHX	593.50	6%	156.25	12.86	13.39
K105	293.50	6%	156.25	12.86	13.39
WOWO	543.50	6%	156.25	12.86	13.39
WBYT	363.50	7%	208.33	15.01	15.62
WRBK	353.50	7%	208.33	15.01	15.62
WCUZ	653.50	11%	312.50	21.44	22.31
WKAX	643.50	11%	312.50	21.44	22.31
			2,916.67	214.39	223.12

THANK YOU,

Bob Weber

PATH00860

PAYROLL CHECK

CHECK DATE
01 02 95
CHECK NUMBER
003363

The Elkhart Truth
A FEDERATED MEDIA NEWSPAPER

TRUTH PUBLISHING COMPANY, INC.
P.O. Box 487 • 421 South Second Street
Elkhart, IN 46515-0487 • Phone (219) 294-1661

NBD BANK
ELKHART, INDIANA 46515

71-115
712

No. 003363

AMOUNT
***4,500.00

PAY ********** FOUR THOUSAND FIVE HUNDRED & NO/100 DOLLARS

VOID IF NOT CASHED WITHIN 60 DAYS

TO THE ORDER OF DAVID L HICKS

AUTHORIZED SIGNATURE

615952646 1509 21

⑈003363⑈ ⑆071201155⑆ 601 326 2⑈ ⑈0000450000⑈

071921147
01/12/95 220
0549946

FOR DEPOSIT ONLY
TO MLPF & S, INC
Absent endorsement guarantee
First of America Bank
00000135

FIRST OF AMERICA
MICHIGAN, N.A.
#072000915

#071921147

1509 120807
0710-0030-1
615952646 01-12-95

Tax to Chase
Merrill Lynch
Cnt # 69-20550

0010 98164

JAN 10 95

PATH00879

6

RE: HICKS MEMO #2 9405

PAT:

I. THE FOLLOWING CHECK NEEDS TO BE PREPARED TO CORRECT DAVE HAYES JAN. 95 CHECKS.

CHECK SHOULD BE		2,916.67
CHECKS ISSUED FOR		2,500.00
		416.67
1/05 + 1/20	x	2
ADD'L GROSS		833.34

CK# 4712 1/23/95

II. THE FOLLOWING ADD'L CHECK SHOULD BE PREPARED AND CHARGED TO ACCOUNT NO. 445.95:

GROSS	375.13
F.I.T.	(40.58)
FICA	(28.70)
S.I.T.	(5.86)
[redacted]	300.00

CK# 4713 1/23/95

THANKS,

Bob Wat

1-21-95

PATH00861

71-115
712

TRUTH PUBLISHING COMPANY, INC.
P.O. Box 487 • 421 South Second Street
Elkhart, IN 46515-0487 • Phone (219) 293-1661

The Elkhart Truth
A FEDERATED MEDIA NEWSPAPER

No. 004713

VOID IF NOT CASHED
WITHIN 60 DAYS

PAY
TO THE ORDER OF DAVID L HICKS

CHECK NO.	DATE	AMOUNT
9405		--$300.00*--
4713	1/23/95	--$300.00*--

TO MIDWEST COMMERCE BANKING CO.
ELKHART, INDIANA

BY _____
AUTHORIZED SIGNATURE

⑈004713⑈ ⑆071201155⑆ 101 326 2⑈ ⑈0000030000⑈

For Deposit
Merrill Lynch
CMA # 691-20550

PATH00880

8

71-115
712

TRUTH PUBLISHING COMPANY, INC.
O. Box 487 • 421 South Second Street
Elkhart, IN 46515-0487 • Phone (219) 294-1661

The Elkhart Truth
A FEDERATED MEDIA NEWSPAPER

No. 004714

VOID IF NOT CASHED
WITHIN 60 DAYS

PAY
TO THE ORDER OF DAVID L HICKS

9405
CHECK NO. 4714

DATE 1/23/95

--$2,550.00*--
AMOUNT
--$2,550.00*--

O MIDWEST COMMERCE BANKING CO.
ELKHART, INDIANA

BY
AUTHORIZED SIGNATURE

⑈004714⑈ ⑆071201155⑆ 101 326 2⑈ ⑈0000255000⑈

CREDIT TO ACCT
OF NAMED PAYEE
ABSENCE OF
ENDORSEMENT
GUARANTEED
FIRST BANK, N.A.
6F LOCKBOX 55

07200326
NBD BANK, N.A.
DETROIT, MI
07200326

06/02/95 NBDILPE1

06288247

To Dept.
Merrill Lynch
Ona # 691-20550

PATH00881

9

PAYROLL CHECK

CHECK DATE
02 15 95
CHECK NUMBER
003418

The Elkhart Truth
A FEDERATED MEDIA NEWSPAPER

TRUTH PUBLISHING COMPANY, INC.
P.O. Box 487 • 421 South Second Street
Elkhart, IN 46515-0487 • Phone 219-294-1661

NBD BANK
ELKHART, INDIANA 46515

71-115
712

No. 003418

2550

AMOUNT
***2,550.00

PAY **************** TWO THOUSAND FIVE HUNDRED FIFTY & NO/100 DOLLARS

VOID IF NOT CASHED WITHIN 60 DAYS

TO THE ORDER OF DAVID L HICKS

AUTHORIZED SIGNATURE

⑈003418⑈ ⑆071201155⑆ 101 326 2⑈ ⑈0000255000⑈

FOR DEPOSIT ONLY TO MLP PS, INC.
Absent endorsement guaranteed
First [redacted] Bank

02/23/95 NBD ILPF1

02/23/95 #071000039

FIRST OF AMERICA BANK MICHIGAN N.A. #072000915

5021 16319

071000015
First of America Bank Michigan, N.A.

FEB 22 95

Pay to Order
Bessie Lynch
CNA # 491-20550

PATH00882

10

PAT:

Effective 10/1/95, $3,000 of Dave Hicks salary should be charged to Acct. 353.50. Remaine Compensation should be charged to 653.50. Any questions, please call me.

Bob White

11-14-95

NOTE: I have made a accruals entry in Oct. 1995 for $3,000.

PATH00862

11

01 01 2024 9:01

a Control number		Void	For Official Use Only ▸
16	22222	☐	OMB No. 1545-0008

b Employer's identification number 62-1179461	1 Wages, tips, other compensation 86749 80	2 Federal income tax withheld 14475.
c Employer's name, address, and ZIP code TRUTH PUBLISHING CO., INC. 421 SOUTH SECOND STREET ELKHART IN 46516	3 Social security wages 61200.00	4 Social security tax withheld 3794.
	5 Medicare wages and tips 87141 45	6 Medicare tax withheld 1263.
	7 Social security tips	8 Allocated tips
d Employee's social security number 369-32-8278	9 Advance EIC payment	10 Dependent care benefits
e Employee's name (first, middle initial, last) DAVID L HICKS	11 Nonqualified plans	12 Benefits included in Box 1
7463 COTTAGE OAK DRIVE PORTAGE MI 49002 f Employee's address and ZIP code	13 See instrs. for Box 13 D 391.65	14 Other

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
☐	☐	☐	☐	☐	☐	X

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
MI	4747372	86749 80	3583.59			

41-0852411 Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement 1995
Copy A For Social Security Administration

For Paperwork Reduction Act Notice see separate instructions

PATH00849

12

PAT:

EFFECTIVE 5/1/96, DAVE HICKS PAY, PAYROLL TAXES, BENEFITS, ETC., SHOULD BE CHARGED AS FOLLOWS:

50% = WAKX 643.50, ETC.

50% = WCUZ (FM) 653.50, ETC.

WE WILL MAKE A STND. JOURNAL ENTRY TRANSFERRING $3,000 PER MONTH FROM [redacted] 643.50 TO 353.50. (DALLAS TO DO)

ANY QUESTIONS, PLEASE SEE ME.

Bob Walker
5-1-96

PATH00866

5-31-96

PAT:

PLEASE PAY TO DAVE HICKS THE FOLLOWING BONUS ON HIS NEXT CHECK:

WCUZ (AM/FM) Collections From 4/22/96 to 4/30/96	$ 57,113.67
	x 5%
	2,855.68

PLEASE CHARGE ACCT. NO. 654.95.

ALSO ATTACH COPY OF THIS MEMO TO HIS CHECK STUB. ANY QUESTIONS, PLEASE SEE ME.

THANKS—

Bob [illegible]

5-8-96

PATH00865

PAT/DAL:

Effective 7/1/96, DAVE HICK'S PAY, PAYROLL TAXES, BENEFITS, ETC. SHOULD BE CHARGED 100% RISK X - 643.50, ETC.

A STANDARD COST TRANSFERING $3,000 PER MONTH FROM 643.50 TO 353.50 SHOULD CONTINUE.

ANY QUESTIONS, PLEASE SEE ME.

Bob Wade

8/30/96.

PATH00863

15

Control number		OMB No. 1545-0008	Co. code	Corp.code	Department	File number
009405 ZRP			ZRP		001150	009405

b Employer's identification number 62-1179461	1 Wages, tips, other compensation 70752.32	2 Federal income tax withheld 11633.08
c Employer's name, address, and ZIP code TRUTH PUBLISHING CO INC 421 S. SECOND ST. ELKHART IN 46516	3 Social security wages 62700.00	4 Social security tax withheld 3887.40
	5 Medicare wages and tips 72209.35	6 Medicare tax withheld 1047.03
	7 Social security tips	8 Allocated tips
d Employee's social security number 369-38-8276	9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code DAVID L HICKS 7463 COTTAGE OAK DR PORTAGE MI 49002	11 Nonqualified plans	12 Benefits included in box 1
	13 See Instrs. for Form W-2 C 302.67 D 1457.03	14 Other
	15 Statutory employee ☐ Deceased ☐ Pension plan ☒ Legal rep. ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☒	

16 State Employer's state I.D. No.	17 State wages, tips etc	18 State income tax	19 Locality name	20 Local wages, tips, etc	21 Local income tax
MI 62-1179461	70752.32	2844.24	GRAND RP	70752.32	375.99

W-2 Wage and Tax Statement **1996**

Copy D For Employer

Dept. of the Treasury-Internal Revenue Service
For Paperwork Reduction Act Notice, see separate instructions.

PATH00848

16

a Control number	OMB No. 1545-0008		
009405 ZRP	ZRP	001150	009405

b Employer's identification number 62-1179461	1 Wages, tips, other compensation 67500.36	2 Federal income tax withh 10540.32
c Employer's name, address, and ZIP code TRUTH PUBLISHING CO INC 421 S. SECOND ST. ELKHART IN 46516	3 Social security wages 65400.00	4 Social security tax withh 4054.80
	5 Medicare wages and tips 68900.28	6 Medicare tax withheld 999.00
	7 Social security tips	8 Allocated tips
d Employee's social security number 369-38-8276	9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, and ZIP code DAVID L HICKS 7463 COTTAGE OAK DR PORTAGE MI 49002	11 Nonqualified plans	12 Benefits included in box
	13 See instrs. for Form W-2 D 1399.92	14 Other

15 Statutory employee ☐ Deceased ☐ Pension plan ☒ Legal rep. ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☒

16 State Employer's state I.D. No.	17 State wages, tips, etc	18 State income tax	19 Locality name	20 Local wages, tips, etc	21 Local income t
MI 62-1179461	67500.36	2750.04	GRAND RP	67500.36	303.5

Form **W-2** Wage and Tax Statement **1997**

Copy D For Employer

Department of the Treasury—Internal Revenue Servic
For Paperwork Reduction Act Notice
see separate instructions

PATH00847

17

m
m
B
Eq1

307-56-3378 Gene Walker
KENNETH GENE HULL

406 REVERE DRIVE
GOSHEN, INDIANA 46526

533-1877

Employment Date: 6/03/74 1/14/80
Full Time [X] Part Time [ ]
Termination: Date - 10/27/79
Resigned X Discharged
Reason: Other employment

New Address:
New Address:
New Address:

Single [ ] Married [X] Divorced [ ]

Employee: Birth Date - October 2, 1949
Pl. of Birth - Ft. Wayne, Ind.

Spouse: Name - Myrna Lea
Birth Date - 10-19-51
Pl. of Birth - Ft. Wayne, Ind.

Children:	Name	Birth Date
1.	Michael E.	8-02-75
2.	James P.	5-06-78
3.		
4.		
5.		
6.		

Date: 6/03/74 Div: WTRC Dept: Program
Job: Announcer
Dist: 371:50

Date: 1/14/80 Div: WYEZ Dept: Program
Job: Operations Manager
Dist: 361:50 - 20% 80%-351:50

Date: 3/01/95 Div: WRBR Dept: Program
Job: Operations Manager
Dist: 351:50

Date: 1/01/98 Div: WBYT/WRBR Dept: Program
Job: Operations Manager
Dist: 351:50 - 50% 361:50 - 50%

Date: 2/01/98 Div: Dept:
Job: Operations Manager
Dist: 34%-371:50 33%-361:50 33%-351:50

HULL, KENNETH G.

34%-371:50 33%-351:50 33%-361:50

PATH00893

Federal Communications Commission

Docket No. MM-98-66 Exhibit No. 91

Presented by MMB

Disposition

Identified ✓

Received Oct 21 1998

Rejected

Reporter

Date 10-6-98

FEDERATED MEDIA

- PERSONNEL CHANGE REPORT -

Date: 10/17/94

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ WBYT-WRBR ☑ (Other)

EMPLOYEE'S NAME KEN HULL

NEW EMPLOYEE: Title of Job _____ Dept. _____

This employee replaces _____ Date Started to Work _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporary ☐

Payroll Expense Allocation _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. PROGRAMMING

Full Time ☑ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporary ☐

Payroll Expense Allocation 80% WRBR 351:50 20% WBYT 361:50

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency.....				
	Thoroughness.....				
	Work Speed.....				
	Initiative.....				
Attitudes:	Cooperativeness.....				
	Loyalty to Company.....				
	Work Motivation.....				
Personal Characteristics:	Personality.....				
	Relations with co-workers.				
	Personal Habits.....				
	Tardiness Record.....				
	Absence Record.....				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manager

PATH00896

2

FEDERATED MEDIA — PERSONNEL CHANGE REPORT — Date: _____

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐
BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ WRBR (Other) ☐

EMPLOYEE'S NAME KEN HULL

NEW EMPLOYEE: Title of Job _____ Dept. _____
This employee replaces _____ Date Started to Work _____
Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Tempora
Payroll Expense Allocation _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective 3/1/95
Transferred to: Job Title _____ Dept. _____
Full Time ☑ Part Time ☐ Hrs. Per Week _____ Permanent ☑ Temporar
Payroll Expense Allocation 352.50 100%

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____
Last Day Worked _____
Resigned Why? _____
How much notice did employee give? _____
Discharged Why? _____
Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

AT: RETRACTIVE RECLASS WAGES + BENEFITS

SUPERVISOR'S EVALUATION OF EMPLOYEE —

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head
Approved by _____ Gen. Manager

PATH00895

3

FEDERATED MEDIA Date: 9/30/97

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH WTRC WBYT/WRBR SIGN PRO ( )

BANNER FT. WAYNE WNDU AM/FM TULSA _____ OTHER

3529

EMPLOYEE'S NAME: KENNETH HULL

NEW EMPLOYEE: Title of Job: _____ Dept. _____
This employee replaces: _____ Date Started to Work: _____

Full Time Part Time Hrs. Per Week: _____ Permanent Temporary
Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 1/1/98
Transferred to: Job Title: _____ Dept. _____

Full Time Part Time Hrs. Per Week: _____ Permanent ____ Temporary ____
Payroll Expense Allocation: 351.50 / 361.50
50% / 50%

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____
How much notice did employee give? _____

Discharged: Why? _____
How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

Approved ____AHB ____DO ____CS ____RW ____DJ

PATH00894

M
M
B
8
& 92
~~93~~

315-80-9225
MICHELE J SANTIAGO

801 W. WILDEN AVENUE
GOSHEN, INDIANA 46526

534-1526

Employment Date: 4/01/94
Full Time [X] F 1/01/95 Part Time [ ] T

Termination: Date - 8/18/95
Resigned X Discharged
Reason: Bored

New Address:
New Address:
New Address:

Single [ ] Married [X] Divorced [ ]

Employee: Birth Date - August 26, 1970
Pl. of Birth -

Spouse: Name - Angelo
Birth Date - 1/31/59
Pl. of Birth - Chicago, IL

Children:

	Name	Birth Date
1.	Brianna Couch	1-08-92
2.	Jordan	8-19-94
3.		
4.		
5.		
6.		

Date: 4/01/94 Div: WRBR Dept: Adm & Actg
Job: Receptionist
Dist: 353:50

Date: 5/9/94 Div: WRBR/WLTA Dept: Sales
Job: Sales Assistant ~~(Temp)~~ PT
Dist: 362:50/352:50

Date: 1/01/95 Div: WRBR/WLTZ Dept: SALES
Job: Sales Assistant FT
Dist: 50%-362:50 50%-352:50

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

SANTIAGO, MICHELE J.

362:50/352:50

Federal Communications Commission

Docket No. MM-98-66 Exhibit No. 92
Presented by MMB
Disposition: Identified ✓ Received Oct 26, 1998 Rejected
Reporter
Date 10-6-98

PATH00987

FEDERATED MEDIA - PERSONNEL CHANGE REPORT - Date: 4/1/91

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ WRBR ☒ (Other) HICKS BROADCASTING

EMPLOYEE'S NAME MICHELE SANTIAGO

NEW EMPLOYEE: Title of Job RECEPTIONIST Dept. ADMIN & ACCTG

This employee replaces _____ Date Started to Work 4/1/91

Full Time ☑ Part Time ☐ Hrs. Per Week 40 Permanent ☐ Temporary ☐

Payroll Expense Allocation 100% WRBR ADMIN & ACCTG 353.50

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporary ☐

Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____ PATH00989

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manager

30878-0266
WANDA R. TAYLOR

2525 FREDRICKSON
SOUTH BEND, INDIANA 46628
234-6556

Employment Date: 8/07/90
Full Time [X] Part Time [X]
Termination: Date - 6/14/96
Resigned Discharged X
Reason: Not Clerical material

New Address:
New Address:
New Address:

Single [X] Married [ ] Divorced [ ]

Employee: Birth Date - January 14, 1960
Pl. of Birth - Shreveport, Lo

Spouse: Name -
Birth Date -
Pl. of Birth -

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Date: 8/07/90 Div: WYEZ Dept: Program
Job: PT Announcer
Dist: 361:50

Date: 1-06-91 Div: WYEZ Dept: Program
Job: FT Announcer
Dist: 361:50

Date: 1/01/96 Div: WBYT/WRBR Dept: Program
Job: Receptionist
Dist: 50%=361:50 50%-351:50

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

TAYLOR WANDA R. 50%-361:50 50%-351:50

PATH01008

2

314-60-8979
M. VICTORIA WHITTEN

1019 E. 4th STREET
MISHAWAKA, INDIANA 46544

259-6041

Employment Date: 10/06/87 7/10/89
Full Time [X] Part Time [X] T
Termination: Date - 4/29/88
Resigned X Discharged
Reason: Other employment

New Address:
New Address:
New Address:

Single [ ] Married [ ] Divorced [X] 3/26/90

Employee: Birth Date - July 18, 1954
Pl. of Birth - Mishawaka, Ind.

Spouse: Name - Marvin E.
Birth Date - 11-10-51
Pl. of Birth -Mishawaka, Ind.

Children:	Name	Birth Date
1.	Craig S.	3-11-82
2.	Holly H.	10-28-84
3.		
4.		
5.		
6.		

Date: 10/06/87 Div: WYEZ Dept: Sales
Job: Receptionist/Secretary
Dist: 362:50

Date: 7/10/89 Div: WYEZ Dept: Sales
Job: Sales Secretary/Receptionist
Dist: 362:50

Date: 9/28/92 Div: WLTZ Dept: Sales
Job: Sales Secretary/Receptionist
Dist: 50%-362:50 50%-352:50

Date: 1/01/96 Div WBYT/WRBR/WTRS Dept: SALES/ADMIN
Job: Sales Secretary/Secretary
Dist: 25%-362:50 25%-352:50 25%-363:50 25%-353:50

Date: 7/01/97 Div: WRBR/WBYT Dept: ADMINISTRATION
Job: SECRETARY
Dist: 50%-353:50 50%-363:50

WHITTEN, M. VICTORIA

50%-353:50 50%-363:50

3

1

PATH01114

FEDERATED MEDIA Date: 1-22-97

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH [redacted] WTRC ☐ WBYT/WRBR ☒ SIGN PRO (_____) ☐

BANNER [redacted] FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE'S NAME: VICTORIA WHITTEN

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 1-1-97

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll [redacted] 353.50 / 363.50
50% / 50%

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____
How much notice did employee give? _____

Discharged: Why? _____
How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	[redacted]				
	[redacted] to Company				
	[redacted]				
Personal Characteristics:	[redacted]				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

PATH01115

4

375-90-7817
ANNETTE KLINE

50550 PINEKOW COURT
GRANGER, INDIANA 46530

Employment Date: 5/15/97
Full Time ☐ Part Time [
Termination: Date - 9/26/97
Resigned Discharged X
Reason: POSITION ELIMINATED

New Address:
New Address:
New Address:

Date: 5/15/97 Div: wbyt/wrbr Dept: sales
Job: sales Assistant
Dist: 50%-362:50 50%-352:50

Single ☐ Married [X] Divorced ☐

Employee: Birth Date - January 20, 1966
Pl. of Birth -

Date: Div: Dept:
Job:
Dist:

Spouse: Name -
Birth Date -
Pl. of Birth -

Date: Div: Dept:
Job:
Dist:

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

KLINE, ANNETTE

50%-362:50 50%-352:50

FEDERATED MEDIA — PERSONNEL CHANGE REPORT — Date: 5/15/97

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KOLL ☐ WCUZ ☐
BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ WBVT/WRBR ☑ (Other)

EMPLOYEE'S NAME Annette Klink

NEW EMPLOYEE: Title of Job Sales Assistant Dept. _____
This employee replaces _____ Date Started to Work 5/15/97
Full Time ☐ Part Time ☒ Hrs. Per Week 30 Permanent ☐ Temporary
Payroll Expense Allocation _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____
Transferred to: Job Title _____ Dept. _____
Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporary
Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____
Last Day Worked _____

Resigned Why? _____
How much notice did employee give? _____
Discharged Why? _____
Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____ PATH00846

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head
Approved by _____ Gen. Manager

M
M
B
603

304-52-1794
NED J. SWANSON

15750 CLARENDON HILLS DR.
GRANGER, INDIANA 46530

273-2137

Employment Date: 8/01/94
Full Time [X] Part Time [ ]
Termination: Date - 3/01/95
Resigned Discharged X
Reason: LACK OF RESULTS

New Address:
New Address:
New Address:

Date: 8/01/94 Div: WYBT Dept: SALES
Job: Gen. Sales Manager
Dist: 50% - 362:50 50% - 352:50

Single [ ] Married [X] Divorced [ ]

Employee: Birth Date - November 15, 1956
Pl. of Birth -

Spouse: Name - Linda
Birth Date - 2-08-53
Pl. of Birth Mishawaka, IN

Children:

	Name	Birth Date
1.	Jenell M. Crook	2-14-78
2.	Jessica L. Crook	10-27-75
3.	Justin M. Crook	5-16-80
4.		
5.		
6.		

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

SWANSON, NED J.

~~50% 362:50 50% 352:50~~

Federal Communications Commission
Docket No. MM-98-66 Exhibit No. 93
Presented by MMB
Disposition: Identified ✓ Received Oct 29, 1998 Rejected
Reporter
Date 10-6-98

PATH01001

315-82-4790
BRADLEY N. WILLIAMS

~~Box 524 R.R. 1~~
~~Warsaw, Indiana 46580~~

ELKHART, INDIANA 46516 534-4844 ~~269-1884~~

New Address: ~~59023 Timber Trail, Goshen, Ind.~~ 46526
New Address: 56756 COPPERGATE DR.
New Address:

Single [x] Married [X] 10/24/87 Divorced [ ]

Employee: Birth Date -January 6, 1965
Pl. of Birth - Elkhart, Indiana

Spouse: Name - Trisha A.
Birth Date - 1-23-67
Pl. of Birth - Mishawaka, In

Children:

	Name	Birth Date
1.	Taylor A.	9-12-90
2.	EVAN M.	5-05-95
3.	Bailey M	6-20-97
4.		
5.		
6.		

WILLIAMS, BRADLEY N.

Employment Date: 5/21/84 5/20/85 5/26/87
Full Time [X] Part Time [ ]
Termination: Date - 8/29/84 8/29/86
Resigned X X Discharged
Reason: College

Date: 5/21/84 Div: WTRC Dept: Sales
Job: Sales Assistant
Dist: 372:50

Date: 5/20/85 Div:WTRC Dept: Sales
Job: Account Executive Summer
Dist: 372:50

Date: 5/26/87 Div: WTRC Dept: Sales
Job: Account Executive FT
Dist: 372:50

Date. 1-28-91 Div: WTRC Dept: Sales
Job: Sales Manager
Dist: 372:04

Date:2/27/95 Div:WBYT/WRBR Dept: Sales
Job:General Sales Manager
Dist: 50%-362:50 50%-352:50

Date: 9/01/96 Div:WBYT/WRBR Dept: Sales
Job:General Sales Manager
Dist:60%-362:50 40%-352:50

Date: 9/01/97 Div:WBYT/WRBR Dept: SALES
Job: GENERAL SALES MANAGER
Dist: 50%-352:50 50%-362:50

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

PATH01121

[redacted] PERSONNEL CHANGE REPORT - Date: 3/2/9

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ WBUT-WRBR (Other)

EMPLOYEE'S NAME BRAD WILLIAMS

NEW EMPLOYEE: Title of Job _____ Dept. _____

This employee replaces _____ Date Started to Work _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Tempo

Payroll Expense Allocation _____

* TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective ~~3/1/95~~ 3

Transferred to: Job Title General Sales Manager Dept. SALES

Full Time ☑ Part Time ☐ Hrs. Per Week 40 Permanent ☑ Tempor

Payroll Expense Allocation 362.50 / 352.50

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Week

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manage

OK

PATH01124

3

FEDERATED MEDIA

Date: 10-1-96

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☒ SIGN PRO (_____) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE NAME: BRAD WILLIAMS

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 9-1-96

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

→ Payroll Expense Allocation: 60% 362.50
40% 252.50

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	[illegible] Motivation				
Personal Characteristics:	[illegible]nality				
	[illegible]ions with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

PATH01123

4

FEDERATED MEDIA

Date: 9-25-97

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH WTRC WBYT/WRBR SIGN PRO ( )

BANNER FT. WAYNE WNDU AM/FM TULSA OTHER

3588

EMPLOYEE NAME: BRAD WILLIAMS

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time Part Time Hrs. Per Week: _____ Permanent Temporary

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 1/1/97

Transferred to: Job Title: _____ Dept. _____

Full Time Part Time Hrs. Per Week: _____ Permanent ___ Temporary ___

Payroll Expense Allocation: 352.50 / 362.50 / INCENTIVE TO 352.00/362.0

50% / 50% / BASED ON REVENUE %

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: PAT: START ALLOCATION CHANGE WITH NEXT PAYROLL; TONY A. WILL RECEIVE PRIOR PAYS.

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Bob Wh 10-2-97

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

Approved ___ AHB ___ DO ___ CS ___ RW ___ DJ

PATH01122

5

m
m
B
6
X 94

289-66-1197
PAUL R. SZROM

~~5,1899 GENTIAN LANE~~
GRANGER, INDIANA 46530

277-4676

Employment Date: 10-28-91
Full Time [X] Part Time [ ]
Termination: Date - Discharged
Resigned
Reason:

New Address: 14545 Harvester Court
New Address:
New Address:

Single [ ] Married [X] Divorced [ ]

Employee: Birth Date - December 13, 1964
Pl. of Birth - Hammond, Indiana

Spouse: Name - Susan
Birth Date - 8-11-57
Pl. of Birth - New Paris, Indiana

Children:

	Name	Birth Date
1.	Andrew	7-17-90
2.	Laura Spencer	8-15-93
3.	Paul M.	3-07-95
4.		
5.		
6.		

Date: 10-28-91 Div: WYEZ Dept: Sales
Job: Account Executive
Dist: 362:04

Date: 8/31/92 Div: RADIO ONE Dept: Sales
Job: Account Executive
Dist: 50%-362:04 50%-352:04

Date: 9/01/96 Div: WBYT/WRBR Dept: Sales
Job: Account Executive
Dist: 60%-362:04 40%-352:04

Date: 1/01/97 Div: WBYT Dept: SALES
Job: ACCOUNT EXECUTIVE
Dist: 362:04

Date: Div: Dept:
Job:
Dist:

SZROM, PAUL R. 362:04

Federal Communications Commission
Docket No. MM-98-66 Exhibit No. 94
Presented by MMB
Disposition: Identified ✓ Received Oct. 26, 1998 Rejected
Reporter
Date 10-6-98

PATH01003

FEDERATED MEDIA - PERSONNEL CHANGE REPORT - Date: 8-31-92

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

3572 BANNER ☐ WQHK/WMEE ☐ WLTA/RADIO ONE ☒ WQWQ ☐ _____ (Other) ☐

EMPLOYEE'S NAME PAUL SZROM

NEW EMPLOYEE: Title of Job _____ Dept. _____

This employee replaces _____ Date Started to Work _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporary ☐

Payroll Expense Allocation _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective 8-31-92

Transferred to: Job Title RADIO ONE ACCOUNT EXEC Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporary ☐

Payroll Expense Allocation 352.04

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency.....				
	Thoroughness.....				
	Work Speed.....				
	Initiative.....				
Attitudes:	Cooperativeness.....				
	Loyalty to Company.....				
	Work Motivation.....				
Personal Characteristics:	Personality.....				
	Relations with co-workers.				
	Personal Habits.....				
	Tardiness Record.....				
	Absence Record.....				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manager

PATH01006

2

FEDERATED MEDIA

Date: 10-1-96

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☒ SIGN PRO (_____) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE'S NAME: PAUL SZROM

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 9-1-96

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: 60% 362.04
40% 352.04

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Compentency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

PATH01005

3

FEDERATED MEDIA

Date: 1-22-97

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☒ SIGN PRO ( ) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE'S NAME: PAUL SZROM

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 1-1-97

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ____ Temporary ____

Payroll Expense Allocation: 100% 362.04

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

PATH01004

4

375-94-5028
KATHY S WORLAND

~~2577 HUNTLY ROAD~~
~~NILES, MICHIGAN 49120~~
SOUTH BEND, INDIANA 46628 273-6117
~~684-2577~~

New Address: 23286 ARBOR POINTE DRIVE
New Address:
New Address:

Single [x] Married [ ] Divorced [ ]

Employee: Birth Date - February 10, 1970
Pl. of Birth -

Spouse: Name -
Birth Date -
Pl. of Birth -

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Employment Date: 6/26/95
Full Time [x] Part Time [ ]
Termination: Date -
Resigned Discharged
Reason:

Date: 6.26.95 Div: WRBR Dept: Sales
Job: Account Executive
Dist: 352:04

Date: 1/01/96 Div: WBYT/WRBR Dept: Sales
Job: Account Executive
Dist: 50%-352:04 50%-362:04

Date: 9/01/96 Div: WBYT/WRBR Dept: Sales
Job: Account Executive
Dist: 60%-362:04 40%-352:04

Date: 1/01/97 Div: WRBR Dept: SALES
Job: ACCOUNT EXECUTIVE
Dist: 352:04

Date: Div: Dept:
Job:
Dist:

WORLAND, KATHY S. .352:04

PATH01125

FEDERATED MEDIA

Date: 10-1-96

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☐ SIGN PRO (_____) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE NAME: KATHY WORLAND

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 9-1-96

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: 60% 362.04
40% 352.04

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

PATH01127

6

FEDERATED MEDIA

Date: 1-22-97

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☒ SIGN PRO ( ) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ OTHER

EMPLOYEE'S NAME: KATHY WORLAND

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 1-1-97

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll [redacted]: 100% 35a.oy

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	[redacted]tiveness				
	[redacted] to Company				
	[redacted] Motivation				
Personal Characteristics:	[redacted]ality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

PATH01126

317-80-0066
SARAH D (DILLE) ERLACHER

1736 LAWNDALE ROAD
ELKHART, INDIANA 46514

264-1683
~~264-0072~~
~~264-1683~~

Employment Date: 6/19/95 5/20/96
Full Time [X] Part Time [X]
Termination: Date - 5/02/96
Resigned X Discharged
Reason: Returning to School

New Address:
New Address:
New Address:

Single [ ] Married [X] 3/01/97 Divorced [ ]

Employee: Birth Date - January 17, 1969
Pl. of Birth - Elkhart, Indiana

Spouse: Name - Brandon
Birth Date - 3/10/72
Pl. of Birth -

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Date: 6/19/95 Div: WRBR Dept: Sales
Job: Account executive
Dist: 352:04

Date: 1/01/96 Div: WBYT/WRBR Dept: Sales
Job: Account Executive
Dist: 50%-362:04 50%-352:04

Date: 5/20/96 Div: wrbr Dept: Program
Job: PT Promotion
Dist: 351:50

Date: 1/01/98 Div: WBYT Dept: Program
Job: PT Promotion
Dist: 361:50

Date: Div: Dept:
Job:
Dist:

ERLACHER, SARAH D

361:50

PATH01693

FEDERATED MEDIA

- PERSONNEL CHANGE REPORT -

Date: 6/26/

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

WRBR BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ _____ (Other) ☐

EMPLOYEE'S NAME SARAH F. DILLE

NEW EMPLOYEE: Title of Job MARKETING REPRESENTATIVE Dept. SALES

This employee replaces _____ Date Started to Work 6/19

Full Time ☑ Part Time ☐ Hrs. Per Week 40 Permanent ☑ Tempo

Payroll Expense Allocation 352.04

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Tempor

Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Wee

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Hea

Approved by _____ Gen. Mana

PATH01709

9

312-94-1046
AMOS H WILLIAMS III

1650 N. MEADE STREET
SOUTH BEND, INDIANA 46628

233-6839

Employment Date: 6/19/95
Full Time [S] 9/24/95 Part Time [ ]
Termination: Date - 11-1-96
Resigned Discharged x
Reason: Poor sales performance

New Address:
New Address:
New Address:

Single [X] Married [ ] Divorced [ ]

Employee: Birth Date - September 29, 1971
Pl. of Birth -

Spouse: Name -
Birth Date -
Pl. of Birth -

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Date: 6/19/95 Div: wrbr Dept: Sales
Job: Intern
Dist: 124:50

Date: 9/24/95 Div: WBYT/WRBR Dept: Sales
Job: Marketing Rep.
Dist: 50%-352:50 50%-362:50

Date: 9/01/96 Div: WBYT/WRBR Dept: Sales
Job: Marketing Representative
Dist: 60%-362:04 40%-352:04

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

WILLIAMS, AMOS H, III

40%-352:04 60%-362:04

PATH01116

10

FEDERATED MEDIA — PERSONNEL CHANGE REPORT — Date: 6/89

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ _____ (Other)

EMPLOYEE'S NAME AMOS H. WILLIAMS III

NEW EMPLOYEE: Title of Job INTERN Dept. SALES

This employee replaces _____ Date Started to Work 6/19/89

Full Time ☑ Part Time ☐ Hrs. Per Week 40 Permanent ☐ Tempo

Payroll Expense Allocation 124:50

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Tempor

Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Week

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manage

PATH01120

11

[redacted] - Date: 9/21

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☒ WQWQ ☐ _____ (Other)

EMPLOYEE'S NAME AMOS WILLIAMS

NEW EMPLOYEE: Title of Job MARKETING REP. Dept. SALES

This employee replaces _____ Date Started to Work 9/24

Full Time ☑ Part Time ☐ Hrs. Per Week 40 Permanent ☑ Tempo

Payroll Expense Allocation 352.50 - 50%
362.50 - 50%

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Tempor

Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Wee

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency.....				
	Thoroughness.....				
	Work Speed.....				
	Initiative.....				
Attitudes:	Cooperativeness.....				
	Loyalty to Company.....				
	Work Motivation.....				
Personal Characteristics:	Personality.....				
	Relations with co-workers.				
	Personal Habits.....				
	Tardiness Record.....				
	Absence Record.....				

Eligible for Rehire? _____ Comments _____

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manage

PATH01119

12

FEDERATED MEDIA

Date: 10-1-96

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☒ SIGN PRO (_____) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE'S NAME: AMOS WILLIAMS III

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 9-1-96

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: 60% 362.04
40% 352.04

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Compentency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

PATH01118

FEDERATED MEDIA - PERSONNEL CHANGE REPORT - Date: 11/11/96

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐
BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ _____ (Other) ☐

EMPLOYEE'S NAME Amos Williams

NEW EMPLOYEE: Title of Job _____ Dept. _____
This employee replaces _____ Date Started to Work _____
Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Tempora
Payroll Expense Allocation _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____
Transferred to: Job Title _____ Dept. _____
Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Tempora
Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title Marketing Rep. Dept. SALES
Last Day Worked 11/1/96

Resigned Why? _____
How much notice did employee give? _____
Discharged Why? Sales Performance
Severance Pay Justified? No ☐ Yes ☑ 2 Weeks plus Vacati

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency			✓	
	Thoroughness			✓	
	Work Speed				✓
	Initiative				✓
Attitudes:	Cooperativeness		✓		
	Loyalty to Company		✓		
	Work Motivation			✓	
Personal Characteristics:	Personality		✓		
	Relations with co-workers		✓		
	Personal Habits		✓		
	Tardiness Record		✓		
	Absence Record		✓		

PATH01117

Eligible for Rehire? YES Comments Next High Supervision

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manag

N to

315-68-9706
ELIZABETH M DAVIS

307 RUNAWAY BAY CIRCLE APT. 1-C
MICHAWAKA, INDIANA 46545

256-5329

Employment Date: 10/30/95
Full Time [X] Part Time [ ]
Termination: Date - 7/05/96
Resigned X Discharged
Reason: Job in Chicago

New Address:
New Address:
New Address:

Single [x] Married [ ] Divorced [ ]

Employee: Birth Date - May 28, 1972
Pl. of Birth -

Spouse: Name -
Birth Date -
Pl. of Birth -

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Date:10/30/95 Div:wrbr Dept: Sales
Job: Account Executive
Dist: 50%-352:04 50%-362:04

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

DAVIS, ELIZABETH M.

50%-352:04 50%-362:04

PATH01662

15

FEDERATED MEDIA

- PERSONNEL CHANGE REPORT -

Date: 5/31/9

DIVISION: WRBB TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ _____ (Other) ☐

EMPLOYEE'S NAME SEAN McBride

NEW EMPLOYEE: Title of Job ACCOUNT EXECUTIVE Dept. SALES

This employee replaces _____ Date Started to Work MAY 22

Full Time ☑ Part Time ☐ Hrs. Per Week 40 Permanent ☑ Temporar

Payroll Expense Allocation 352.04 / 367.04

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporary

Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____ PATH00905

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manager

16

316-68-8043
WILLIAM C DIEDRICH

832 S. 28TH STREET
SOUTH BEND, INDIANA 46615

288-5675

Employment Date: 10/07/96
Full Time [X] Part Time [ ]
Termination: Date - 4/18/97
Resigned X Discharged
Reason: Other Position

New Address:
New Address:
New Address:

Date: 10/08/96 Div: WBYT/WRBR Dept: Sales
Job: Account Executive
Dist: 60%-362:04 40%-352:04

Single [ ] Married [X] Divorced [ ]

Date:1/01/97 Div:WRBR Dept: SALES
Job:ACCOUNT EXECUTIVE
Dist: 352:04

Employee: Birth Date - April 29, 1961
Pl. of Birth -

Date: Div: Dept:
Job:
Dist:

Spouse: Name - Elaine
Birth Date -
Pl. of Birth -

Children: Name Birth Date

Date: Div: Dept:
Job:
Dist:

1. Janessa
2. Kyle
3.
4.
5.
6.

Date: Div: Dept:
Job:
Dist:

DIEDRICH, WILLIAM C. ...-352:04

PATH01680

MEMO

****

RADIO CENTRAL
WBYT - WRBR
237 EDISON ROAD
SUITE 200
MISHAWAKA, IN 46545

219-258-5483 / 256-1836

- -

TO: NEW STAFFERS
FROM: MANAGEMENT
SUBJECT: EMPLOYEE INFORMATION

Please take the time to fill out the information below for our employee directory. You will receive an updated directory shortly.

We would like to inform you that any personal information, i.e. address, phone number, is not to be given out to anyone over the phone without prior approval.

Name: Billy D. (William C. Diedrich)

Address: 832 S. 28th St.

City: South Bend State: in Zip Code: 46615

Phone Number: 288-5675 Birthdate: 4/29/61

Spouse's Name: Elaine (kids - Janessa, Kyle)

We will also need to have a name and phone number of someone to contact in case of an emergency.

Name: William O. Diedrich / Joan A. Diedrich

Phone Number: 272-7577/633-4524 Relationship: father/mother

PATH01687

18

FEDERATED MEDIA Date: 1-22-97

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☒ SIGN PRO (_____) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE'S NAME: WILLIAM Dietrich

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 1-1-97

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: 100% 352.04

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

PATH01686

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

mitted By: _____ Dept. Head Approved By: _____ Gen. Manager

19

FEDERATED MEDIA Date: 1-22-97

- PERSONNEL CHANGE REPORT -

DIVISION: TRUTH ☐ WTRC ☐ WBYT/WRBR ☒ SIGN PRO ( ) ☐

BANNER ☐ FT. WAYNE ☐ GR. RAPIDS ☐ TULSA ☐ _____ OTHER

EMPLOYEE'S NAME: MARILYN COVEY

NEW EMPLOYEE: Title of Job: _____ Dept. _____

This employee replaces: _____ Date Started to Work: _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: 1-1-97

Transferred to: Job Title: _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week: _____ Permanent ____ Temporary ____

Payroll Expense Allocation: 100% 362.04

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

PATH01661

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

20

FEDERATED MEDIA

- PERSONNEL CHANGE REPORT -

Date: _____

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEE ☐ WLTA ☐ WQWQ ☐ WBVT ☐ (Other)

EMPLOYEE'S NAME Jim Kelly

NEW EMPLOYEE: Title of Job Account Executive Dept. Sales

This employee replaces Lauren Niespoziany Date Started to Work 3/17/97

Full Time ☑ Part Time ☐ Hrs. Per Week _____ Permanent ☑ Tempora

Payroll Expense Allocation _____

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective _____

Transferred to: Job Title _____ Dept. _____

Full Time ☐ Part Time ☐ Hrs. Per Week _____ Permanent ☐ Temporar

Payroll Expense Allocation _____

TERMINATION OF EMPLOYMENT: Job Title _____ Dept. _____

Last Day Worked _____

Resigned Why? _____

How much notice did employee give? _____

Discharged Why? _____

Severance Pay Justified? No ☐ Yes ☐ _____ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE -

		Superior	Good	Average	Poor
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments _____

PATH00899

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by _____ Dept. Head

Approved by _____ Gen. Manager

21

307-88-1035
TAMARA L SHIRK

10355 ASHLEYS MEADOW ROAD
GRANGER, INDIANA 46530

679-4797

Employment Date: 10/13/97
Full Time [X] Part Time [ ]
Termination: Date -
Resigned Discharged
Reason:

New Address:
New Address:
New Address:

Date: 10/13/97 Div: WBYT Dept: SALES
Job: ACCOUNT EXECUTIVE
Dist: 362:04

Single [ ] Married [X] Divorced [ ]

Date: Div: Dept:
Job:
Dist:

Employee: Birth Date - JUNE 20, 1967
Pl. of Birth - South Bend, IN

Date: Div: Dept:
Job:
Dist:

Spouse: Name - Wayne
Birth Date - 6/11/59
Pl. of Birth - ,osjawala. OM

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

- SHIRK, TAMARA L.

362:04

PATH00991

PERSONNEL CHANGE REPORT

DIVISION: TRUTH WBYT/WRBB SIGN PRO ( )

BANNER FT. WAYNE WNOU AM/FM TULSA _____ OTHER

EMPLOYEE'S NAME: Tammy Shick

NEW EMPLOYEE: Title of Job: Account Executive Dept. WBYT Sales

This employee replaces: Tim Kelly Date Started to Work: 8/13/97

Full Time Part Time Hrs. Per Week: 40 Permanent Temporary

Payroll Expense Allocation: 352.5

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective: _____

Transferred to: Job Title: _____ Dept. _____

Full Time Part Time Hrs. Per Week: _____ Permanent ___ Temporary ___

Payroll Expense Allocation: _____

TERMINATION OF EMPLOYMENT: Job Title: _____ Dept. _____

Last Day Worked: _____

Resigned: Why? _____

How much notice did employee give? _____

Discharged: Why? _____

How much notice did employee give? _____

Severance Pay Justified? NO YES _____ Week

SUPERVISOR'S EVALUATION OF EMPLOYEE:		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? _____ Comments: _____

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: _____ Dept. Head Approved By: _____ Gen. Manager

Approved ___ AHB ___ DO ___ CS ___ RW ___ DJ

PATH00992

23

308-82-1388
JAMES P MITCHELL

219 BARBIE STREET
SOUTH BEND, INDIANA 46614

299-9493

Employment Date: 10/28/97
Full Time [X] Part Time [ ]
Termination: Date -
Resigned Discharged
Reason:

New Address:
New Address:
New Address:

Date: 10/28/97 Div: WRBR Dept: sales
Job: Account Executive
Dist: 352:04

Single [X] Married [ ] Divorced [ ]

Employee: Birth Date - January 23, 1968
Pl. of Birth - Elmhurst, IL

Date: Div: Dept:
Job:
Dist:

Spouse: Name -
Birth Date -
Pl. of Birth -

Date: Div: Dept:
Job:
Dist:

Children: Name Birth Date

1.
2.
3.
4.
5.
6.

Date: Div: Dept:
Job:
Dist:

Date: Div: Dept:
Job:
Dist:

MITCHELL, JAMES P/ 352:04

PATH00972

24

315-76-6506
JAMES D SKWIAT

16615 GERALD
GRANGER, INDIANA 46530

272-0426

Employment Date: 5/14/98
Full Time [x] Part Time [ ]
Termination: Date -
Resigned Discharged
Reason:

New Address:
New Address:
New Address:

Single [ ] Married [x] Divorced [ ]

Employee: Birth Date - August 31, 1967
Pl. of Birth - Indianapolis, IN

Spouse: Name - Karen
Birth Date - 2/13/70
Pl. of Birth - South Bend, IN

Children:	Name	Birth Date
1.	Theresa	3-21-94
2.		
3.		
4.		
5.		
6.		

Date	Job	Dist	Div	Dept
5/14/98	Account Executive	352:04	WRBR	Sales

SWIAT, JAMES D. 352:04

25

PATH00993

DIVISION: TRUTH WTRC WBYT/WRBR SIGN PRO ( )

BANNER FT. WAYNE WNCU AM/FM TULSA OTHER

EMPLOYEE'S NAME: JAMES D. SKWIAT

NEW EMPLOYEE: Title of Job: ACCOUNT EXECUTIVE/WRBR Dept. SALES

This employee replaces: Date Started to Work: 5/14/98

Full Time Part Time Hrs. Per Week: 40 Permanent Temporary

Payroll Expense Allocation: 35-5250

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective:

Transferred to: Job Title: Dept.

Full Time Part Time Hrs. Per Week: Permanent Temporary

Payroll Expense Allocation:

TERMINATION OF EMPLOYMENT: Job Title: Dept.

Last Day Worked:

Resigned: Why?

How much notice did employee give?

Discharged: Why?

How much notice did employee give?

Severance Pay Justified? NO YES Wee

SUPERVISOR'S EVALUATION OF EMPLOYEE:

		SUPERIOR	GOOD	AVERAGE	POOR
Job Performance:	Competency				
	Thoroughness				
	Work Speed				
	Initiative				
Attitudes:	Cooperativeness				
	Loyalty to Company				
	Work Motivation				
Personal Characteristics:	Personality				
	Relations with Co-workers				
	Personal Habits				
	Tardiness Record				
	Absence Record				

Eligible for Rehire? Comments:

THIS FORM IS TO BE FILLED IN BY DEPT. HEAD AND APPROVED BY THE GENERAL MANAGER

Submitted By: Dept. Head Approved By: Gen. Manager

Approved AHS DO CS RW DJ

PATH00994

26