

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0022419329** | File Number: **0000073681** | Submit Date: **05/30/2019** | Call Sign: **WFRE** | Facility ID: **31139** | City: **FREDERICK** | State: **MD**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/30/2019** | Filing Status: **Active**

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WFRE and WFMD EEO Report for 2019 License Renewals
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Connoisseur Media Licenses, LLC	180 Post Road East Suite 201 Westport, CT 06880 United States	+1 (203) 227-1978	miked@conncos.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David D. Oxenford Wilkinson Barker Knauer, LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 783-4141	doxenford@wbklaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
31136	WFMD	FREDERICK	MD	No
31139	WFRE	FREDERICK	MD	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Additional Program Report

Responsibility for Implementation

Questions

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
David Bevins	Chief Operating Officer

Certification

Question	Response
<p>The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay</p>	
Certified Date	05/30 /2019
Certified Title	Executive Vice President
Authorized Party Name	Michael O Driscoll

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Public File Exhibit.pdf	Applicant	All Purpose	EEO Public File Exhibit	Done with Virus Scan and/or Conversion