

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0005014642** File Number: **0000078693** Submit Date: **07/26/2019** Call Sign: **WIOZ** Facility ID: **46949** City:

PINEHURST State: NC

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 07/26/2019 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.	EEO Program Report for radio station WIOZ.
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MUIRFIELD BROADCASTING, INC. Doing Business As: MUIRFIELD BROADCASTING, INC.	Walker Morris 200 Short St SOUTHERN PINES, NC 28387 United States	+1 (910) 692- 2107	walkermorris29@gmail. com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Walker Morris Muirfield Broadcasting, Inc.	Walker Morris 200 Short St. Southern Pines, NC 28387 United States	+1 (910) 692- 2107	walkermorris29@gmail. com	President & Station Owner

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
46949	WIOZ	PINEHURST	NC	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

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
Tiffany Hewitt	General Manager

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	07/26 /2019
Certified Title	President
Authorized Party Name	Walker Morris

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
eeo-july-2018-20180719- 124414537-docx.pdf	Applicant	EEO Public File Report	EEO Report 2018	Done with Virus Scan and/or Conversion
eeo-july-2019-20190723- 160718566-docx.pdf	Applicant	EEO Public File Report	EEO Program Report 2019	Done with Virus Scan and/or Conversion
EEO Narrative LR.pdf	Applicant	Narrative Statement	WIOZ EEO Narrative	Done with Virus Scan and/or Conversion