

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0032857658** | File Number: **0000082383** | Submit Date: **09/27/2019** | Call Sign: **WVOF** | Facility ID: **9312** | City: **TALLAHASSEE** | State: **FL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/27/2019** | 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.	2019 LICENSE RENEWAL EEO PRGM REPORT
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ADAMS RADIO OF TALLAHASSEE, LLC Doing Business As: ADAMS RADIO OF TALLAHASSEE, LLC	RONALD E STONE 16233 KENYON AVENUE SUITE 220 LAKEVILLE, MN 55044 United States	+1 (952) 232-0876	RONSTONE@ADAMSRADIOGROUP.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
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RONALD E STONE PRESIDENT ADAMS RADIO OF TALLAHASSEE, LLC	RON STONE 16233 KENYON AVE LAKEVILLE, MN 55044 United States	+1 (952) 232-0588	ronstone@adamsradiogroup.com	PRESIDENT /CEO

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
18550	WHTF	HAVANA	FL	No
9312	WVOF	TALLAHASSEE	FL	No
9311	WXTY	LAFAYETTE	FL	No

31792	WQTL	TALLAHASSEE	FL	No
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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

Responsibility for Implementation	
A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:	
Name	Title
SHARON A BORDWELL	VICE PRESIDENT CONTROLLER

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	09/27/2019
Certified Title	CEO /PRESIDENT
Authorized Party Name	RONALD E STONE

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO NARRATIVE.docx	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
EEO Report - Adams TF 09-26-2019.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEO Report - Adams TF 09-28-2018.pdf	Applicant	EEO Public File Report	2018 EEO REPORT	Done with Virus Scan and/or Conversion