

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0030247753	File Number: 0000107907	Submit Date: 03/13/20	Call Sign: WVLZ	Facility ID: 170987	City:
OLIVER SPRINGS	State: TN				
Service: Full Power FI	Purpose: EEO Report	Status: Received	Status Date: 03/13/2020	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.	Corrected Annual EEO report for WJRV(#170987) Oliver Springs TN	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
MOMENTUM BROADCASTING LLC Doing Business As: MOMENTUM BROADCASTING LLC	Donna Alpert 217 BAYFRONT DRIVE BONITA SPRINGS, FL 34134 United States	+1 (239) 777- 9288	donna. alpert@wavv101.com	LLC

Contact	Contact Name	Address		Phone	Emai	il	Contact Type
Representatives	LARRY D PERRY , ESQ Attorney Larry Perry & Associates	Larry Perry, 11464 Saga 400 Knoxville, TN United State	Lane Suite N 37931	+1 (865) 927- 8474	LAR NET	RYPERRY@	ATT. Legal Representative
Common	Facility Identifier	Call Sign	City		State	Time Brok	kerage Agreement
Stations	170987	WJRV	OLIVER S	PRINGS	TN	No	
Program Report Questions	Section	Question	n				Response
	Discrimination Complain	this licer jurisdicti alleging	s Have any pending or resolved complaints been for this license term before any body having competing jurisdiction under federal, state, territorial or local alleging unlawful discrimination in the employment of the station(s)?			nt aw,	No
	Full-time Employees	full-time	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?			Yes	

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	03/13 /2020
Certified Title	Managing Member LLC
Authorized Party Name	Donna Alpert

Attachments

No Attachments.