

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005005129
 File Number:
 0000115165
 Submit Date:
 06/01/2020
 Call Sign:
 WVNO-FM
 Facility ID:
 31855

 City:
 MANSFIELD
 State:
 OH

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 06/01/2020
 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.	EEO Program Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
JOHNNY APPLESEED BROADCASTING CO, INC	2900 PARK AVENUE WEST MANSFIELD, OH 44906 United States	+1 (419) 529- 5900	RobM@wmfd. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Anne Goodwin Crump FLETCHER, HEALD & HILDRETH, P.L.C.	1300 N. 17TH STREET ELEVENTH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0426	CRUMP@FHHLAW. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	41893	WMFD-TV	MANSFIELD	ОН	No
	41892	WOHZ-CD	MANSFIELD	ОН	No
	31855	WVNO-FM	MANSFIELD	ОН	Νο
	25476	WRGM	ONTARIO	ОН	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)?	Yes

	Full-time Employees	full-time emplo	yees? Consi	ent unit employ fe der as "full-time" e 30 or more hours	employees all	No			
U 1	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	I	Title						
	Robert Meisse		President/Ge	neral 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								
	Certified Title								
	Authorized Party Name								
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload S	tatus		
	EEOProgramReport.Discrimina Exhibit (01429033xB3D1E).dor	-	Applicant	Discrimination Complaints	Employment Uni Discrimination Complaint	t Done witl Scan and Conversi	l/or		
	EEOProgramReport.NarrativeS Exhibit (01429184xB3D1E).pdf		Applicant	Narrative Statement	EEO Program Ro Narrative Statem	•	l/or		
	EEOPublicFileReport.2019-20 (01428651xB3D1E).pdf		Applicant	EEO Public File Report	EEO Public File Report 2019-20	Done with Scan and Conversi	l/or		
	WRGM-WVNO-FM.EEOPublic 2018-19 (01428353xB3D1E).p	•	Applicant	EEO Public File Report	EEO Public File Report 2018-19	Done with Scan and Conversi	l/or		