

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001733518** | File Number: **0000121828** | Submit Date: **09/18/2020** | Call Sign: **WZVN-TV** | Facility ID: **19183**
 City: **NAPLES** | State: **FL**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/18/2020** | Filing Status: **Active**

General Information

Section	Question	Response
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
Montclair Communications, Inc. Doing Business As: Montclair Communications, Inc.	Lara W. Kunkler 101 Devon Rd. Charlottesville, VA 22903 United States	+1 (239) 841-1706	kunk@water.net	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Anne Goodwin Crump Fletcher Heald and Hildreth PLC	1300 N. 17th St. 11th Floor Arlington, VA 22209 United States	+1 (703) 812-0426	crump@fhhlaw.com	Legal Representative
Donald G. Everist Consulting Engineer Cohen Dippell and Everist PC	1420 N St., N.W. Suite One Washington, DC 20005 United States	+1 (202) 898-0111	cdepc@comcast.net	Technical Representative
Matthew Gaige Director of Engineering Montclair Communications, Inc.	3719 Central Ave. Fort Myers, FL 33901 United States	+1 (239) 939-6286	mattg@water.net	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19183	WZVN-TV	NAPLES	FL	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?	Yes
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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	09/18 /2020
Certified Title	President
Authorized Party Name	Lara W. Kunkler

Attachments

No Attachments.