

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0003754322
 File Number:
 0000079784
 Submit Date:
 08/01/2019
 Call Sign:
 WOBX
 Facility ID:
 73367
 City:

 WANCHESE
 State:
 NC

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 08/01/2019
 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.	ECR - 2019 EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
EAST CAROLINA RADIO, INC. Doing Business As: EAST CAROLINA RADIO, INC.	PO Box 950 EDENTON, NC 27932 United States	+1 (252) 482- 2104	rloesch@ecri. net	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	J Benjamin Davis Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	bdavis@brookspierce.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
73367	WOBX	WANCHESE	NC	No
49438	WCNC	ELIZABETH CITY	NC	No
39883	WFMZ	HERTFORD	NC	No
36765	WZBO	EDENTON	NC	No
36764	WERX-FM	COLUMBIA	NC	No
73366	WOBR-FM	WANCHESE	NC	No
73365	WOBX-FM	MANTEO	NC	No
31940	WRSF	COLUMBIA	NC	No
49156	WKJX	ELIZABETH CITY	NC	No

Section

Question

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	

Responsibility for Implementation

Authorized Party Name

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
Lawrence Loesch	President

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	08/01 /2019
Certified Title	President

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2018 Public File Report.	Applicant	EEO Public File	2018 Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
2019 Public File Report.	Applicant	EEO Public File	2019 Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion

Lawrence Loesch