

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0034354423** | File Number: **0000078374** | Submit Date: **07/19/2019** | Call Sign: **WZPR** | Facility ID: **12158** | City:
NAGS HEAD | State: **NC**
Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/19/2019** | 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.	Broadcast EEO Program 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
JAM MEDIA SOLUTIONS, LLC Doing Business As: JAM MEDIA SOLUTIONS, LLC	11 NETHERWOOD TERRACE EAST ORANGE, NJ 07017 United States	+1 (215) 289-7161	JONATHAN@JAMMEDIALLC.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David G O'Neil , Esq . Rini O'Neil, PC	David G. O'Neil, Esq. 1200 New Hampshire Avenue, NW Suite 600 Washington, DC 20036 United States	+1 (202) 955-3931	doneil@rinioneil.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
55248	WCXL	KILL DEVIL HILLS	NC	No
83211	WCMS-FM	HATTERAS	NC	No
50525	WVOD	MANTEO	NC	No
12158	WZPR	NAGS HEAD	NC	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?	No
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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
Kendra Wilson	Director, Human Resources

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	07/19 /2019
Certified Title	President
Authorized Party Name	Jonathan A Mason , Sr .

Attachments

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