

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002713550** | File Number: **0000117721** | Submit Date: **07/14/2020** | Call Sign: **WFBZ** | Facility ID: **56616** | City: **TREMPEALEAU** | State: **WI**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/14/2020** | 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.	2020 Sparta-Tomah License Renew - EEO
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
SPARTA-TOMAH BROADCASTING CO., INC.	113 WEST OAK STREET SPARTA, WI 20895 United States	+1 (301) 933-6304	johnsneely@yahoo.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John Neely MILLER AND NEELY PC	3750 University Blvd., West SUITE 203 Kensington, MD 20895 United States	+1 (301) 933-6304	johnsneely@yahoo.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
61682	WCOW-FM	SPARTA	WI	No
56616	WFBZ	TREMPEALEAU	WI	No
61681	WKLJ	SPARTA	WI	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

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
Suzanne Hoffman	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	07/14 /2020
Certified Title	President
Authorized Party Name	Suzanne Hoffman

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WCOW 2019 EEOPFR.pdf</u>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>WCOW 2020 EEOPFR.pdf.doc</u>	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<u>WCOW EEO Narrative.docx</u>	Applicant	Narrative Statement	Narrative	Done with Virus Scan and/or Conversion