

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0029514064** File Number: **0000164028** Submit Date: **10/18/2021** Call Sign: **WEZR** Facility ID: **9209** City

RUMFORD State: ME

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 10/25/2021 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.	Renewal EEO for WEZR (AM), WPNO(AM), WOXO-FM, WIGY-FM.
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
BENNETT RADIO GROUP, LLC Doing Business As: BENNETT RADIO GROUP, LLC	271 FLETCHER RD. AUBURN, ME 04210 United States	+1 (207) 344- 8007	stanmbennett@gmail. com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
ALLAN G MOSKOWITZ , Esq Attorney Allan G. Moskowitz, Esq.	ALLAN G MOSKOWITZ 10845 Tuckahoe Way NORTH POTOMAC, MD 20878 United States	+1 (301) 908- 4165	amoskowitz@amoskowitzlaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67698	WOXO-FM	NORWAY	ME	No
9209	WEZR	RUMFORD	ME	No
46323	WIGY-FM	MEXICO	ME	No
52176	WPNO	SOUTH PARIS	ME	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?	Full-time Employees
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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	10/18 /2021
Certified Title	Member
Authorized Party Name	Stan Bennett

Attachments

No Attachments.