

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0006192702
 File Number:
 0000156384
 Submit Date:
 08/06/2021
 Call Sign:
 KZZW
 Facility ID:
 166085
 City:

 MOORELAND
 State:
 OK

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 08/06/2021
 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.	2021 EEO Program Report with Updated Public File Reports	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Program Report

Questions

Applicant	Address	Phone	Email	Applicant Type
Brooke Deann Williams Doing Business As: BROOKE DEANN WILLIAMS	2708 Elmridge Drive Flower Mound, TX 75022 United States	+1 (512) 589- 8568	kzzw1045@gmail. com	IND

Contact Representatives	Contact Name	Address		Phone	Email	Contact Type
	Robert Silverman Womble Bond Dickinson (US) LLP	1200 19th St Suite 500 Washington, United State	DC 20036	+1 (202) 857- 4532	Bob.Silverman@wbd- us.com	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agre	ement
	21841	KMZE	WOODWAR	D OK	No	
	87	KOMI-CD	WOODWAR	D OK	No	
	50332	KWOX	WOODWAR	D OK	No	
	166085	KZZW	MOORELAN	D OK	No	

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?	Νο

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	Name Title				
	Sean Miller	Operations	Manager			
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					08/06 /2021
Certified Title						CFO
	Authorized Party Name				Shawn Miller	
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Stat	us

Applicant

Applicant

Applicant

EEO Public

File Report

EEO Public

File Report

Narrative

Statement

2020 Annual EEO

Public File Report

2021 Annual EEO

Public File Report

Narrative Statement

2020-annual-eeo-public-file-report-revised-

2021-annual-eeo-public-file-report-revised-

2021 EEO Program Report Narrative.docx

20210625-190613036-docx.pdf

20210625-190745517-docx.pdf

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and/or Conversion

and/or Conversion