

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0031561574** | File Number: **0000168879** | Submit Date: **11/16/2021** | Call Sign: **KFNS** | Facility ID: **13505** | City:  
**WOOD RIVER** | State: **IL**  
Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/16/2021** | 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.	EEO Report for Assignee, Zobrist Media, LLC, of Assignment Application
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Zobrist Media, LLC	Dave Zobrist 9119 Lawn Ave. St. Louis, MO 63144 United States	+1 (573) 694-0220	dave.zobrist@gmail.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dave Zobrist Zobrist Media, LLC	9119 Lawn Ave. St. Louis, MO 63144 United States	+1 (573) 694-0220	dave.zobrist@gmail.com	Assignee

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
13505	KFNS	WOOD RIVER	IL	Yes

## 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
------	-------

Dave Zobrist	Managing Member
--------------	-----------------

**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	11/16 /2021
Certified Title	Managing Member
Authorized Party Name	Dave Zobrist

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Y211109 - Zobrist Media - FCC EEO Model Program Report.doc</u>	Applicant	Narrative Statement	EEO Model Program Report	Done with Virus Scan and /or Conversion
<u>Y211109 - Zobrist Media - FCC EEO Model Program Report.doc</u>	Applicant	EEO Public File Report	EEO Model Program Report	Done with Virus Scan and /or Conversion