

## Broadcast Equal Employment Opportunity Program Report

 FRN:
 0018033480
 File Number:
 0000176223
 Submit Date:
 12/01/2021
 Call Sign:
 WEZF
 Facility ID:
 35232
 City:

 BURLINGTON
 State:
 VT

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 12/01/2021
 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.	Broadcast EEO Program Report (WEZF)
	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
Vox AM/FM, LLC	265 Hegeman Avenue Colchester, VT 05446 United States	+1 (802) 655-0093	brucedanziger79@gmail.com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	David G. O'Neil , Esq . Rini O'Neil, PC	2101 L Street, NW Suite 300 Washington, DC 20037 United States	+1 (202) 955-3931	doneil@rinioneil.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	29920	WXXX	SOUTH BURLINGTON	VT	Yes
	53613	WVTK	PORT HENRY	NY	No
	35232	WEZF	BURLINGTON	VT	No
	36269	WCPV	ESSEX	NY	No
	29923	WVMT	BURLINGTON	VT	Yes
	36422	WXZO	WILLSBORO	NY	No
	52806	WEAV	PLATTSBURGH	NY	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?	)			
Program Report	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				
	John Mullett 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		12/01 /2021			
	Certified Title		Managing Member of Parent Company			
	Authorized Party Name					
Attachments	U	ploaded				

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Report 2020.pdf	Applicant	EEO Public File Report	EEO Report 2020	Done with Virus Scan and/or Conversion
EEO Report 2021.pdf	Applicant	EEO Public File Report	EEO Report 2021	Done with Virus Scan and/or Conversion
Vox Narrative Statement.pdf	Applicant	Narrative Statement	Vox AM/FM Narrative Statement	Done with Virus Scan and/or Conversion