

## BROADCAST STATION ANNUAL EMPLOYMENT REPORT

**SECTION I**

Legal Name of the Licensee VP Broadcasting LLC		
Mailing Address 1125 Colorado Street		
City Allentown	State or Country (if foreign address) PA	ZIP Code 18103
Telephone Number (include area code) 610-434-4801	E-Mail Address (if available)	
	Facility ID Number 36987	Call Sign WHOL

**SECTION II**

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- Radio     TV  
 Low Power TV  
 International

- Educational Radio  
 Educational TV

- HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
WHOL	36987	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Allentown, PA
WEST	36996	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Easton, PA
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

**SECTION III**

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) \_\_\_\_\_

B. CHECK APPLICABLE BOX

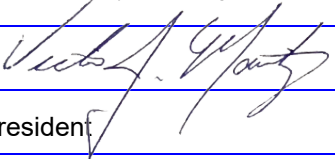
- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

**SECTION IV CERTIFICATION**

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).**

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name Victor Martinez
Title President	Telephone No. (include area code) 610-434-4801
Date 3/29/2021	

**SECTION V - EMPLOYEE DATA**

**A. FULL-TIME PAID EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	1			1							
PROFESSIONALS	3	1		1				1			
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL											