

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0027243088** | File Number: **0000073714** | Submit Date: **05/30/2019** | Call Sign: **WTMD** | Facility ID: **67461** | City: **TOWSON** | State: **MD**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/30/2019** | 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.	Schedule 396 for license renewal
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
<b>TOWSON UNIVERSITY</b> Doing Business As: TOWSON UNIVERSITY	8000 YORK ROAD TOWSON, MD 21252 United States	+1 (410) 704-8938	wtmd@towson.edu	GOE

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
SCOTT MULLINS General Manager WTMD	WTMD 1 Olympic Place Suite 100 Towson, MD 21204 United States	+1 (410) 704-8938	smullins@towson.edu	General Manager
Melodie Virtue Garvey Schubert Barer, P. C.	2nd Floor 100 Potomac St. NW Washington, DC 20007 United States	+1 (202) 965-7880	MVIRTUE@gsblaw.com	Legal Representative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67461	WTMD	TOWSON	MD	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?	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
Kirsten Scofield	Director of Finance and Admininstration

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	05/30 /2019
Certified Title	Chief Operator
Authorized Party Name	Megan Amoss

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Exhibit 2 - TUPM Narrative Statementd.pdf</u>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
<u>WTMD EEO Public File Report 2019.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<u>WTMD EEO Public File Report June 1 2018.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion