

## Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

91616

FRN: 0002711455 File Number: 0000116637 Submit Date: 06/26/2020 Call Sign: WSSW Facility ID: 91616 City: PLATTEVILLE State: WI Status Date: 06/26/2020 Service: Full Power FM Purpose: EEO Report Status: Received Filing Status: Active

General	Section	Question	Response
Information	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.	Platteville WSSW FM Radio FCC EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
STATE OF WISCONSIN EDUCATIONAL	3319 W	+1 (608)	jeffreyd.	GOE
COMMUNICATIONS BOARD	BELTLINE	264-9600	ohnstad@ecb.	
Doing Business As: STATE OF WISCONSIN	HIGHWAY		org	
EDUCATIONAL COMMUNICATIONS BOARD	MADISON, WI			
	53713			

**United States** 

Contact Representatives	Contact Name	Addres	S	Phone	Email		Contact Type
	Jeffrey Ohnstad STAFF ENGINEER Wisconsin Educational Communications Board		INE HWY ON, WI	+1 (608) 215-0088	jeffrey	d.ohnstad@ecb.org	Technical Representative
	Barry S. Persh GRAY MILLER PERSH LLF	Avenue Suite 2	26 ngton, DC	+1 (202) 776-2458	BPER: COM	SH@GRAYMILLERPERSH.	Legal Representative
Common	Facility Identifier	Call Sign	City		State	Time Brokerage Agreeme	ent
Stations	91616	W/SSW/		/!! ! E	\\/I	No	

Program Report	Section	Question	Response
Questions	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

PLATTEVILLE

WI

No

WSSW

	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?	Yes			
Certification	Question	Question				
	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					
	Certified Title		/2020 Execut Directo			
	Authorized Party Name		Marta Bechto			

Attachments

No Attachments.