



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0007556996** | File Number: **0000118967** | Submit Date: **07/29/2020** | Call Sign: **WYMS** | Facility ID: **42669** | City: **MILWAUKEE** | State: **WI**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/29/2020** | 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.	WYMS 2020 Renewal EEO Report
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
MILWAUKEE BOARD OF SCHOOL DIRECTORS	5225 WEST VLIET STREET ROOM 10 MILWAUKEE, WI 53208 United States	+1 (414) 475-8171	meyerca@milwaukee.K12.WI.US	GOE

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Marissa G Repp , Esq . Counsel Repp Law Firm	Marissa G. Repp 1629 K Street, NW Suite 300 Washington, DC 20006-1631 United States	+1 (202) 656-1619	marissa@repplawfirm.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
42669	WYMS	MILWAUKEE	WI	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?	Yes

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	07/29/2020
Certified Title	Board Clerk /Chief Officer, Office of Bd. Governance
Authorized Party Name	Jacqueline M Mann

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Discrimination Complaints 7_20_20.pdf</u>	Applicant	Discrimination Complaints	Discrimination Complaints Exhibit	Done with Virus Scan and/or Conversion