

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0006300651 File Number: 0000119503		Submit Date: 07/31/2020 Call Sign: WEMI		Facility ID: 19878 City:	
APPLETON State: WI					
Service: Full Po	wer FM	Purpose: EEO Report	Status: Received	Status Date: 07/31/2020	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.	WEMI - WEMY EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
THE FAMILY RADIO NETWORK, INC. Nonprofit corporation Doing Business As: THE FAMILY RADIO NETWORK, INC.	1909 WEST SECOND STREET APPLETON, WI 54914 United States	+1 (920) 749- 9364	soniab@thefamily. net	ОТН

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	F. Scott Pippin Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 2003 United States	+1 (202) 429-8970 36	spippin@lermansenter.com	Legal Representative
Common Stations	Facility Identifier 69196 19878	Call Sign WEMY WEMI	City GREEN BAY APPLETON	StateTime Brokerage AWINoWINo	greement
Program Report	Section	Question		Res	oonse

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

Questions 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 Kathy A. Schmidt Chief Financial and Human Resource Officer Question Response Certification 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 07/31 /2020 **Certified Title** Chief Executive Officer Authorized Party Name Sonia Barham

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WEMI WEMY 2018-19 EEO PFR. pdf	Applicant	EEO Public File Report	2018-19 EEO Report	Done with Virus Scan and/or Conversion
WEMI WEMY 2019-20 EEO PFR. pdf	Applicant	EEO Public File Report	2019-20 EEO Report	Done with Virus Scan and/or Conversion
WEMI WEMY EEO Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion