(REFERENCE COPY - Not for submission)

## Broadcast Equal Employment Opportunity MidTerm Report

FRN: 0009961889 File Number: 0000029126 Submit Date: 08/01/2017 $\quad$ Call Sign: WFRV-TV Facility ID: 9635 City: GREEN BAY State: WI

Service: Full Service Television $\quad$ Purpose: EEO Report $\quad$ Status: Received $\quad$ Status Date: 08/01/2017 $\quad$ Filing Status: Active

## General Information

Licensee Information

## Contact

Representatives

Mid-Term Report Questions

| Section | Question |  | Response |  |
| :---: | :---: | :---: | :---: | :---: |
| Attachments | Are attachments (other than associated schedules) being filed with this application? |  | Yes |  |
| Licensee Name, Type and Contact Information |  |  |  |  |
| Applicant | Address | Phone | Email | Applicant Type |
| NEXSTAR BROADCASTING, INC. | Elizabeth Ryder <br> 545 E. JOHN CARPENTER <br> FREEWAY <br> SUITE 700 <br> IRVING, TX 75062 <br> United States | $\begin{aligned} & +1 \text { (972) 373- } \\ & 8800 \end{aligned}$ | eryder@nexstar. <br> tv | COR |

Information not provided.

| CommFafility Identifier | Call Sign | City | State | Time Brokerage Agreement |
| :--- | :--- | :--- | :--- | :--- |
| Stations | WJMN-TV | ESCANABA | MI | No |
| 9635 | WFRV-TV | GREEN BAY | WI | No |


| Section | Question | Response |
| :--- | :--- | :--- | :--- |
| Mid-Term Report | Does your station employment unit employ fewer than five <br> full-time employees? | No |

Additional Mid-
Term 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 |
| :--- | :--- |
| Mike J. Smith | General Manager |

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 | $08 / 01$ <br> $/ 2017$ |
| :--- | :--- |
| Certified Title | General <br> Counsel |
| Authorized Party Name | Elizabeth <br> Ryder |

## Attachments

| File Name | Uploaded By | Attachment Type | Description |
| :--- | :--- | :--- | :--- | Upload Status | WFRV WJMN 2015-2016.pdf | Applicant |
| :--- | :--- |
| All Purpose | Done with Virus Scan and/or Conversion |
| WFRV WJMN 2016-2017.pdf | Applicant |

