



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001529627** | File Number: **0000115243** | Submit Date: **06/01/2020** | Call Sign: **WMDO-CD** | Facility ID: **38437**

City: **WASHINGTON** | State: **DC**

Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2020** | Filing Status: **Active**

General Information

Section	Question	Response
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
ENTRAVISION HOLDINGS, LLC	Mark Boelke 2425 OLYMPIC BOULEVARD SUITE 6000 WEST SANTA MONICA, CA 90404 United States	+1 (310) 447-3870	mboelke@entravision.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
BARRY A. FRIEDMAN THOMPSON HINE LLP	SUITE 700 1919 M STREET, N. W. WASHINGTON, DC 20036 United States	+1 (202) 331-8800	BARRY.FRIEDMAN@THOMPSONHINE.COM	Legal Representative
W. JEFFREY REYNOLDS ENGINEERING CONSULTANT DUTREIL, LUNDIN & RACKLEY, INC.	3135 SOUTHGATE CIRCLE SARASOTA, FL 34239 United States	+1 (941) 329-6013	JEFF@DLR.COM	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
38437	WMDO-CD	WASHINGTON	DC	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
Pamela Bias	Senior Business Operations Manager

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	06/01 /2020
Certified Title	Chief Executive Officer
Authorized Party Name	Walter F. Ulloa

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">DCEEO2019.pdf</a>	Applicant	EEO Public File Report	2018-2019 EEO Program Report.	Done with Virus Scan and/or Conversion
<a href="#">DCEEO2020.pdf</a>	Applicant	EEO Public File Report	2019-2020 EEO Program Report.	Done with Virus Scan and/or Conversion
<a href="#">DCNS528.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion