

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 00027 1	11455 Fi	ile Number: 0000118497	Submit Date: 07/27/	2020 Call Sign: WERN	Facility ID: 63030	City:
MADISON	State: WI					
Service: Full F	Power FM	Purpose: EEO Report	Status: Received	Status Date: 07/27/2020	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.	Madison WERN FM Radio FCC EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

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 -	HWY.		org	
EDUCATIONAL COMMUNICATIONS BOARD	MADISON, WI			

53713

United States

Contact Representatives	Contact Name	Ad	ldress	Phone	Email		Contact Type
	Jeffrey Ohnstad Wisconsin Educational Communications Board	Ma	319 W. Beltline Hwy adison, WI 53713 nited States	+1 (608) 215- 0088	jeffreyd.ohnsta org	ad@ecb.	Technical Representative
	Barry S. Persh Gray Miller Persh LLP	Av Su W 20	233 Wisconsin venue NW uite 226 /ashington, DC 0007 nited States	+1 (202) 776- 2458	bpersh@gray	millerpersh.	Legal Representative
Common	Facility Identifier	Call Sign	City	State	Time Brokera	ge Agreeme	nt
Stations	63030	WERN	MADISON	WI	No		
Program Report Questions	Section	Question				Response	
	Discrimination Complaints	this licens	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)?

	Full-time Employees	Does your station employment unit employ fewer than five No full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?					
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					
	Marta Bechtol	Executive Director					
Certification	trustee, authorized employ on behalf of the party filing F.R. Section 1.23(a), who i	hat he or she is (a) the party filing the report, or an officer, director, member, pa ee, or other individual or duly elected or appointed official who is authorized to the report; or (b) an attorney qualified to practice before the Commission unde s authorized to represent the party filing the report, and who further certifies the ent; that to the best of his or her knowledge, information, and belief there is good	sign r 47 C. at he				
	ground to support it; and th Certified Date	at it is not interposed for delay	07/27 /2020				
	Certified Title		Executive Director				
	Authorized Party Name		Marta Bechtol				

Attachments

Uploaded By	Attachment Type	Description	Upload Status
Applicant	EEO Public File Report	2018-2019 WI ECB EEO Public File Report	Done with Virus Scan and /or Conversion
Applicant	EEO Public File Report	2019-2020 Annual EEO Public File Report	Done with Virus Scan and /or Conversion
Applicant	Narrative Statement	WI ECB FCC EEO Narrative statement 2020	Done with Virus Scan and /or Conversion
	By Applicant Applicant	ByTypeApplicantEEO Public File ReportApplicantEEO Public File ReportApplicantNarrative	ByTypeDescriptionApplicantEEO Public File Report2018-2019 WI ECB EEO Public File ReportApplicantEEO Public File Report2019-2020 Annual EEO Public File ReportApplicantNarrativeWI ECB FCC EEO Narrative