

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0003776754 Fi	ile Number: 0000118979	Submit Date: 07/29/	2020 Call Sign: WVTY	Facility ID: 41438 City:
RACINE 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.	2020 EEO for WVTY, WRJN, WMBZ & WIBD.
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
MAGNUM COMMUNICATIONS, INC.	David R. Magnum,	+1 (262) 334-	magcom@chorus.	COR
Doing Business As: MAGNUM	President	2344	net	
COMMUNICATIONS, INC.	P.O. BOX 400			
	Portage, WI 53901			
	United States			

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John C. Trent , Esq Counsel Putbrese Hunsaker & Trent, PC	John C. Trent, Esq. 200 South Church Street Woodstock, VA 22664 United States	+1 (540) 459- 7646	fccman3@shentel. net	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	41437	WRJN	RACINE	WI	No
	71542	WMBZ	WEST BEND	WI	No
	41438	WVTY	RACINE	WI	Νο
	71541	WIBD	WEST BEND	WI	Νο

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	full-time emplo	tion employment unit em oyees? Consider as "full- ently working 30 or more	time" employee:					
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	Name Title							
	David R Magnum			Presid	ent				
Certification	Question					Response			
	trustee, authorized employee, behalf of the party filing the re R. Section 1.23(a), who is aut she has read the document; th	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					President			
	Authorized Party Name					David R Magnum			
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status				
	Eastern EEO 17-18.pdf	Applicant	EEO Public File Report	2017-2018	Done with Virus Scan a Conversion	nd/or			
	Eastern EEO 18-19.pdf	Applicant	EEO Public File Report	2018-2019	Done with Virus Scan an Conversion	nd/or			
	EEO NARRATIVE.Magnum.	Applicant	Narrative Statement	Narrative	Done with Virus Scan a	nd/or			

<u>docx</u>

Conversion