

# Broadcast Equal Employment Opportunity Program Report

FRN: 0011681483	File Number	0000141436	Submit I	Date: 03/29/2021	Call Sign: WHMB-TV	Facility ID: 37102
City: INDIANAPOLIS	State: IN					
Service: Full Service	<b>Television</b>	Purpose: EEO	Report	Status: Received	Status Date: 03/29/202	Filing Status:
Active						

General	Section	Question	Response
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

#### Licensee Information

## Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
LESEA BROADCASTING OF INDIANAPOLIS, INC. Doing Business As: LESEA BROADCASTING OF INDIANAPOLIS, INC.	Keith Passon 61300 S. IRONWOOD ROAD SOUTH BEND, IN 46614 United States	+1 (574) 291- 8200	kpasson@familybroadcastingcorporation. com	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph C Chautin , III . Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629- 0777	jchautin@hardycarey. com	Legal Representative
Keith Passon WHMB General Manager LeSEA Broadcasting of Indianapolis, Inc.	Keith Passon 10511 Greenfield Ave. Noblesville, IN 46060 United States	+1 (317) 773- 5050	kpasson@lesea.com	WHMB General Manager

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	37102	WHMB-TV	INDIANAPOLIS	IN	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
Keith Passon	General Manager

Response

#### Certification

# Question 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	03/29 /2021
Certified Title	President
Authorized Party Name	Andrew Sumrall

#### Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WHMB 2019-20 EEO PF Report.pdf	Applicant	EEO Public File Report	2019-20 EEO PF Report	Done with Virus Scan and /or Conversion
WHMB 2020-21 EEO PF Report.pdf	Applicant	All Purpose	WHMB 2020-21 EEO PF Report	Done with Virus Scan and /or Conversion
WHMB EEO Program Report <u>(Narrative Statement).pdf</u>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion