

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN:
0007238595
File Number:
0000118622
Submit Date:
07/28/2020
Call Sign:
WRHL
Facility ID:
57268
City:

ROCHELLE
State:
IL
State:
Facility ID:
57268
State:
State:<

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.	Rochelle Broadcasting Company, Inc. Form 396 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ROCHELLE BROADCASTING CO., INC. Doing Business As: ROCHELLE BROADCASTING CO., INC.	P O BOX 177 ROCHELLE, IL 61068 United States	+1 (815) 562- 7001	gary@wrhl. net	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John F. Garziglia Partner Womble Bond Dickinson (US) LLP	John F. Garziglia 1200 19TH STREET, N.W., SUITE 500 WASHINGTON, DC 20036 United States	+1 (202) 857- 4455	JOHN.GARZIGLIA@WBD- US.COM	Legal Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	57268	WRHL	ROCHELLE	IL	No
	57269	WYOT	ROCHELLE	IL	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

Program Report Questions	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			
	Gary Petersen President			
Certification	Question		Response	
	The undersigned certifies that he or she is (a) the party filing the report, trustee, authorized employee, or other individual or duly elected or apport behalf of the party filing the report; or (b) an attorney qualified to practice R. Section 1.23(a), who is authorized to represent the party filing the report she has read the document; that to the best of his or her knowledge, infector support it; and that it is not interposed for delay	inted official who is authorized to sign on e before the Commission under 47 C.F. port, and who further certifies that he or		
	Certified Date		07/28 /2020	
	Certified Title			
	Authorized Party Name		Gary Petersen	
			1	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>eeo-report-2019-20190722-</u> 172442460-docx.pdf	Applicant	EEO Public File Report	2018-2019 Annual EEO Public File Report	Done with Virus Scan and /or Conversion
Narrative_Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion
Rochelle EEO Report 2020.pdf	Applicant	EEO Public File Report	2019-2020 Annual EEO Public File Report	Done with Virus Scan and /or Conversion