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Broadcast Equal Employment Opportunity **Program Report**

FRN: **0004284899** File Number: **0000141066** Submit Date: **03/25/2021** Call Sign: **WTVW** Facility ID: **3661** City: EVANSVILLE State: IN Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 03/25/2021 Filing Status: Active

General	Section	Question			Response	
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?			No	
Licensee	Licensee Name, Type and	d Contact Information	n			
Information	Applicant	Address	Phone	Email		Applicant Type
	MISSION BROADCASTING, INC.	901 Indiana Avenue Suite 375 Wichita Falls, TX 76301 United States	+1 (940) 228- 7861	missionbroadca com	sting@gmail.	COR
Contact	Contact Name	Address	Phone	Email	Contac	et Type
Representatives	Gregory L. Masters , Esq . Wiley Rein LLP	1776 K Street, N.W. Washington, DC 20006 United States	+1 (202) 719-7370	gmasters@wiley.law Legal Representative		Representative
Common Stations	Facility Identifier 0	Call Sign City	State	Time Broker	age Agreemen	t
	3661	WTVW EVANS	/ILLE 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?			Yes	
Certification	Question					Response
	The undersigned certifies that	he or she is (a) the party	filing the report or an	officer director n	nember partner	

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	03/25
	/2021
Certified Title	Presider
Authorized Party Name	Dennis
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Attachments

No Attachments.