

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0018223693** | File Number: **0000155121** | Submit Date: **08/02/2021** | Call Sign: **WEEK-TV** | Facility ID: **24801**  
 City: **PEORIA** | State: **IL**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **08/02/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WEEK License, LLC</b> Doing Business As: WEEK License, LLC	P.O. Box 909 Quincy, IL 62306 United States	+1 (217) 223-5100	bdreasler@quincymedia.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Elizabeth E. Spainhour Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	espainhour@brookspierce.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
24801	WEEK-TV	PEORIA	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

## 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
Jim McKernan	General Manager

Certification

Question	Response
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	08/02 /2021
Certified Title	President
Authorized Party Name	Ralph M. Oakley

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">2020 Public File Report.pdf</a>	Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan and/or Conversion
<a href="#">2021 Public File Report.pdf</a>	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion