

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0015021157** File Number: **0000155312** Submit Date: **08/02/2021** Call Sign: **WBUI** Facility ID: **16363** City:

DECATUR 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?	No

### Licensee Information

#### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
GOCOM MEDIA OF ILLINOIS, LLC Doing Business As: GOCOM MEDIA OF ILLINOIS, LLC	400 MAIN STREET Suite 200F HILTON HEAD ISLAND, SC 29926 United States	+1 (843) 342- 4405	ricgorman@gmail. com	LLC

#### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dan Kirkpatrick Baker & Hostetler LLP	1050 Connecticut Avenue, NW Suite 1100 Washington, DC 20036 United States	+1 (202) 861- 1758	dkirkpatrick@bakerlaw. com	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
69544	WCCU	URBANA	IL	No
62009	WRSP-TV	SPRINGFIELD	IL	No
16363	WBUI	DECATUR	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?	Yes

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 and CEO
Authorized Party Name	Richard Gorman

### **Attachments**

No Attachments.