

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN:
0002711737
File Number:
0000119195
Submit Date:
07/30/2020
Call Sign:
WSWT
Facility ID:
13041
City:

PEORIA
State:
IL
State:
Facility ID:
13041
State:
State:
Facility ID:
13041
State:
Stat

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.	2020 Peoria EU license renew - EEO
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
MIDWEST COMMUNICATIONS, INC.	904 GRAND AVE. WAUSAU, WI 54403 United States	+1 (000) 000- 0000	paul.rahmlow@mwcradio. com	COR

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	John Neely , Esq . Miller and Neely, PC	Suite 203 3750 University Blvd., West Kensington, MD 20895 United States	+1 (301) 933-6304	johnsneely@yahoo.com	Legal Representative

Common
Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
42114	WPBG	PEORIA	IL	No
13041	WSWT	PEORIA	IL	No
42119	WMBD	PEORIA	IL	No
43877	WKZF	MORTON	IL	No
13040	WIRL	PEORIA	IL	No
33879	WXCL	PEKIN	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	full-time	e employees? Conside	nt unit employ fewer than fiver as "full-time" employees a 0 or more hours a week?						
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	Name Title								
	Esther Gillis			HR Director						
Certification	Question					Response				
	trustee, authorized employ on behalf of the party filing F.R. Section 1.23(a), who or she has read the docum	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									
	Certified Title									
	Authorized Party Name					Paul Rahmlow				
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status					
	MCI Peoria 2020 EEOPFR.pdf	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scan Conversion	and/or				
	MCI Peoria narrative.pdf	Applicant	Narrative Statement	Narrative	Done with Virus Scan Conversion	and/or				
	Peoria 2019 EEOPFR. pdf	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan Conversion	and/or				