Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002711737
 File Number:
 0000119489
 Submit Date:
 07/31/2020
 Call Sign:
 WXER
 Facility ID:
 60042
 City:

 PLYMOUTH
 State:
 WI

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 07/31/2020
 Filing Status:
 Active

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 Sheboygan 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	Contact Name	Address	Phone	Email	Contact Type
Representatives	John Neely , Esq . MILLER AND NEELY, P.C.	John Neely 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
	41614	WHBZ	SHEBOYGAN FALLS	WI	No
	9968	WBFM	SHEBOYGAN	WI	No
	60042	WXER	PLYMOUTH	WI	No
	9967	WHBL	SHEBOYGAN	WI	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 er	mployees? Consider a	unit employ fewer than five as "full-time" employees all 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 employee on behalf of the party filing th F.R. Section 1.23(a), who is a or she has read the documer	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					07/31 /2020				
	Certified Title	Certified Title								
	Authorized Party Name					Paul Rahmlow				
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status					
	MCI Sheboygan 2020 EEOPFR.pdf	Applicant	EEO Public File Report	2020 EEO Public File Report	Done with Virus Scar Conversion	ו and/or				
	<u>MCI Sheboygan Narrative.</u> pdf	Applicant	Narrative Statement							
	<u>Sheboygan 2019 EEOPFR.</u> <u>pdf</u>	Applicant	EEO Public File Report	2019 EEO Public File Report	Done with Virus Scan and/or Conversion					