

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0002711455
 File Number:
 0000116626
 Submit Date:
 06/26/2020
 Call Sign:
 WPNE
 Facility ID:
 63060
 City:

 GREEN BAY
 State:
 WI

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 06/26/2020
 Filing Status:
 Active

General	Section	Question	Response
Information	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.	Green Bay WPNE FM Radio FCC EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
STATE OF WISCONSIN - EDUCATIONAL	3319 W.	+1 (608)	jeffreyd.	GOE
COMMUNICATIONS BOARD	BELTLINE	215-0088	ohnstad@ecb.	
Doing Business As: STATE OF WISCONSIN -	HWY.		org	
EDUCATIONAL COMMUNICATIONS BOARD	MADISON, WI			
	53713			
	United States			

Contact	Contact Name	Address		Phone	Email			Contact Type
Representatives	Jeff Ohnstad STAFF ENGINEER WI Educational Communications Board	3319 W. BEL ⁻ HWY MADISON, W United States	ʻl 53713	+1 (608) 215- 0088	jeffreyc	l.ohnstad@ect	b.org	Technical Representative
	BARRY S. PERSH GRAY MILLER PERSH LLP	2233 Wiscons Avenue NW WASHINGTO 20007 United States	N, DC	+1 (202) 776- 2458	BPERS COM	SH@GRAYMIL	LERPERSH.	Legal Representative
Common	Facility Identifier	Call Sign	City		State	Time Broke	rage Agreeme	ent
Stations	18798	WPNE-TV	GREE	N BAY	WI	No		
	63060	WPNE	GREE	N BAY	WI	No		
Program Report Questions	Section	Question					Response	
	Discrimination Complaints	this license ter jurisdiction une	rm before der feder	esolved compla e any body havi ral, state, territor mination in the	ng compe rial or loca	tent I law,	No	

of the station(s)?

	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	Question				
	trustee, authorized employed on behalf of the party filing the F.R. Section 1.23(a), who is or she has read the docume	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		/2020 Execut Directo			
	Authorized Party Name		Marta Bechto			

Attachments

No Attachments.