

Broadcast Equal Employment Opportunity Program Report

 FRN:
 0002711455
 File Number:
 0000116618
 Submit Date:
 06/26/2020
 Call Sign:
 WHRM
 Facility ID:
 63083
 City:

 WAUSAU
 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.	Wausau WHRM, WLBL FM Radio, and WHRM-TV FCC EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Informatio

Licensee Name,	Type and Contact Information	

Information

Applicant	Address	Phone	Email	Applicant Type
STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD Doing Business As: STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD	3319 W. BELTLINE HWY. MADISON, WI 53713 United States	+1 (608) 264-9600	jeffreyd. ohnstad@ecb. org	GOE

Contact	Contact Name		Address		Phone	Email	Contact Type
Representatives	Jeffrey Ohnstad Staff Engineer Wisconsin Educational Communications Board		HWY.	BELTLINE N, WI 53713 ates	+1 (608) 264- 9600	jeffreyd.ohnstad@ecb. org	Technical Representative
	Barry S. Persh Gray Miller Persh LLP		2233 Wis Avenue N Suite 226 Washingt 20007 United Sta	IW on, DC	+1 (202) 776- 2458	bpersh@graymillerpers com	sh. Legal Representative
Common	Facility Identifier	Call Sig	jn	City	State	Time Brokerage Agre	ement
Stations	63083	WHRM		WAUSAU	WI	No	
	73036	WHRM	-TV	WAUSAU	WI	No	
	63031	WLBL-I	FM	WAUSAU	WI	No	
Program Report Questions	Section	Ques	tion			Respor	ISE

	Discrimination Complaints	Have any pending or resolved complaints been filed during	No	
		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)?		
	Full-time Employees	Does your station employment unit employ fewer than five	Yes	
		full-time employees? Consider as "full-time" employees all		
		those permanently working 30 or more hours a week?		
tification	Question			Respons
rtification		he or she is (a) the party filing the report, or an officer, director,	member, partner,	Respons
rtification	The undersigned certifies that	he or she is (a) the party filing the report, or an officer, director, or other individual or duly elected or appointed official who is au	•	Respons
rtification	The undersigned certifies that trustee, authorized employee,		ithorized to sign	Respons
rtification	The undersigned certifies that trustee, authorized employee, on behalf of the party filing the	or other individual or duly elected or appointed official who is au	ithorized to sign ission under 47 C.	Respons
rtification	The undersigned certifies that trustee, authorized employee, on behalf of the party filing the F.R. Section 1.23(a), who is au	or other individual or duly elected or appointed official who is au report; or (b) an attorney qualified to practice before the Comm	ithorized to sign ission under 47 C. certifies that he	Respons
tification	The undersigned certifies that trustee, authorized employee, on behalf of the party filing the F.R. Section 1.23(a), who is au	or other individual or duly elected or appointed official who is au e report; or (b) an attorney qualified to practice before the Commi uthorized to represent the party filing the report, and who further ; that to the best of his or her knowledge, information, and belief	ithorized to sign ission under 47 C. certifies that he	Respons
tification	The undersigned certifies that trustee, authorized employee, on behalf of the party filing the F.R. Section 1.23(a), who is an or she has read the document	or other individual or duly elected or appointed official who is au e report; or (b) an attorney qualified to practice before the Commi uthorized to represent the party filing the report, and who further ; that to the best of his or her knowledge, information, and belief	ithorized to sign ission under 47 C. certifies that he	Respons 06/26

Executive Director

Marta Bechtol

Certified Title

Authorized Party Name

Attachments

No Attachments.