

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0034767822
 File Number:
 0000119559
 Submit Date:
 07/31/2020
 Call Sign:
 WMHX
 Facility ID:
 73655
 City:

 WAUNAKEE
 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.	Entercom Madison EEO Program Report (August 2020)
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ENTERCOM LICENSE, LLC	2400 MARKET STREET 4TH FLOOR PHILADELPHIA, PA 19103 United States	+1 (610) 660- 5610	ANDREW.SUTOR@ENTERCOM. COM	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Laura Berman Senior Counsel Entercom Communications Corp.	2400 Market Street, 4th Floor Philadelphia, PA 19103 United States	+1 (484) 270- 6312	laura.berman@entercom. com	Legal Representative

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
60236	WOLX-FM	BARABOO	WI	No
73663	WMMM-FM	VERONA	WI	No
73655	WMHX	WAUNAKEE	WI	No

Program Report Questions

Common Stations

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?	No

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	Title		
	Rachel Williamson	Regional President		
Certification	Question		Response	
Certification	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		Executive Vice President	
	Authorized Party Name		Andrew P. Sutor , IV .	
			<u> </u>	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Madison EEO Program Report Exhibit.</u> <u>pdf</u>	Applicant	All Purpose		Done with Virus Scan and/or Conversion
Madison EEO Public File Report 2018- 2019.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Madison EEO Public File Report 2019- 2020.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion