

25395

## Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

Facility ID: 25396 FRN: 0016496481 File Number: 0000146906 Submit Date: 05/25/2021 Call Sign: WFQX-TV City: CADILLAC State: MI Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 05/25/2021 Filing Status: Active

General	Section	Question	Response
Information	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

## Applicant Applicant Address Email Phone Туре Alexander Bolea +1 (231) 775-JRNBOLEA@AOL. Cadillac Telecasting Co. COR Doing Business As: Cadillac Telecasting PO Box 282 3478 COM Co. Cadillac, MI 49601 **United States**

Contact Representatives	Contact Name	1	Address		Phone	Ema	ail	Contact Type
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	Kessler and Gehman		Gainesville	, FL				
	Associates, Inc.		32607					
			United Stat	es				
Common Stations	Facility Identifier	Call Sig	gn	City		State	Time Brokerage Ag	reement
	25396	WFQX	(-TV	CADILLA	NC .	MI	No	

WFUP

Program Report	Section	Question	Response	
Questions	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	

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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?	Yes				
Certification	Question	Question					
	trustee, authorized employed on behalf of the party filing th 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 Date					
	Certified Title						
	Authorized Party Name	Authorized Party Name					

Attachments

No Attachments.