

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0018223693** | File Number: **0000154165** | Submit Date: **07/27/2021** | Call Sign: **WMTV** | Facility ID: **6870** | City: **MADISON** | State: **WI**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/27/2021** | Filing Status: **Active**

## General Information

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

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC Doing Business As: WMTV	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504-9828	allfcclics@gray.tv	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David Burke Senior Vice President and CTO GRAY TELEVISION LICENSEE, LLC	201 Monroe Street RSA TOWER, 20TH Floor Montgomery, AL 36104 United States	+1 (334) 206-1475	david.burke@gray.tv	Technical Representative
JOAN STEWART WILEY REIN LLP	1776 K STREET, N. W. WASHINGTON, DC 20006 United States	+1 (202) 719-7438	JSTEWART@WILEY.LAW	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
6870	WMTV	MADISON	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	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
Don Vesely	GM/VP

**Certification**

Question	Response
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	07/27 /2021
Certified Title	Assistant Secretary
Authorized Party Name	Robert Folliard , III .

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#"><u>WMTV 2020 Public File Report.pdf</u></a>	Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan and/or Conversion
<a href="#"><u>WMTV 2021 Public File Report.pdf</u></a>	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion
<a href="#"><u>WMTV Narrative Statement.pdf</u></a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion