



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005008305** | File Number: **0000119510** | Submit Date: **07/31/2020** | Call Sign: **WUVC-DT** | Facility ID: **16517** |

City: **FAYETTEVILLE** | State: **NC**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/31/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WUVC LICENSE PARTNERSHIP, G.P.</b> Doing Business As: WUVC LICENSE PARTNERSHIP, G.P.	CHRISTOPHER G. WOOD 5999 CENTER DRIVE LOS ANGELES, CA 90045 United States	+1 (310) 348-3600	CWOOD@UNIVISION.NET	GEP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
MATTHEW S. DELNERO COVINGTON & BURLING LLP	ONE CITYCENTER WASHINGTON, DC 20001 United States	+1 (202) 662-5543	MDELNERO@COV.COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
70112	WTNC-LD	DURHAM	NC	No
16517	WUVC-DT	FAYETTEVILLE	NC	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
Eddy Elguezabal	President and General Manager

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	07/31/2020
Certified Title	SVP ASSOC GEN COUN GOV AND REG AFF
Authorized Party Name	CHRISTOPHER G. WOOD

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">NC EEO NARRATIVE STATEMENT EXHIBIT 3.docx</a>	Applicant	Narrative Statement	NC EEO PROGRAM EXHIBIT	Done with Virus Scan and /or Conversion
<a href="#">Univision NC EEO Public File Report 8-01-18-to-7-31-19.pdf</a>	Applicant	EEO Public File Report	NC EEO REPORT 2018-2019	Done with Virus Scan and /or Conversion
<a href="#">Univision NC EEO Public File Report Form 2019-2020.pdf</a>	Applicant	EEO Public File Report	NC EEO REPORT 2019-2020	Done with Virus Scan and /or Conversion