Approved by OMB (Office of Management and Budget) | OMB Control Number 3060-0113

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001773852** | File Number: **0000078166** | Submit Date: **07/17/2019** | Call Sign: **WETP-TV** | Facility ID: **18252** | City: **SNEEDVILLE** | State: **TN**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/17/2019** | 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
EAST TENNESSEE PUBLIC COMMUNICATIONS CORP. **Applicant** Doing Business As: EAST TENNESSEE PUBLIC COMMUNICATIONS CORP.	1611 E. MAGNOLIA AVENUE KNOXVILLE, TN 37917 United States	+1 (865) 595-0235	vlawson@easttennesseepbs.org	OTH

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
AARON P SHAINIS FCC COUNSEL SHAINIS & PELTZMAN, CHARTERED	AARON P. SHAINIS 1850 M STREET, NW SUITE 240 WASHINGTON, DC 20036 United States	+1 (202) 293-0011	AARON@S-PLAW.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
18267	WKOP-TV	KNOXVILLE	TN	No
18252	WETP-TV	SNEEDVILLE	TN	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

Responsibility for Implementation

Questions

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
Vickie Lawson	President

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	07/17 /2019
Certified Title	President
Authorized Party Name	Vickie Lawson

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2013 EEO (B396-20130401AJK). pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
2015 EEO (B396-20150401AEQ). pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Narrative Statement.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion