

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001810977** | File Number: **0000122767** | Submit Date: **09/29/2020** | Call Sign: **WFSU-TV** | Facility ID: **21801**
 City: **TALLAHASSEE** | State: **FL**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/29/2020** | 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
FLORIDA STATE UNIVERSITY Noncommercial Educational Licensee Doing Business As: FLORIDA STATE UNIVERSITY	David Mullins, General Manager 1600 RED BARBER PLAZA TALLAHASSEE, FL 32310 United States	+1 (850) 645-6060	dmullins@fsu.edu	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David A. O'Connor Legal Counsel Wilkinson Barker Knauer, LLP	David A. O'Connor 1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 383-3429	doconnor@wbklaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
6093	WFSG	PANAMA CITY	FL	No
21801	WFSU-TV	TALLAHASSEE	FL	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)?	Yes
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
David Mullins	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	09/29 /2020
Certified Title	General Manager
Authorized Party Name	David Mullins

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>FSU 2018-2019 EEO public file report.pdf</u>	Applicant	EEO Public File Report	2018-2019 EEO report	Done with Virus Scan and /or Conversion
<u>FSU 2019-2020 EEO public file report.pdf</u>	Applicant	EEO Public File Report	2019-2020 EEO report	Done with Virus Scan and /or Conversion
<u>FSU EEO Narrative Statement.pdf</u>	Applicant	Narrative Statement	EEO narrative statement	Done with Virus Scan and /or Conversion
<u>FSU Employment Unit - pending or resolved complaints.pdf</u>	Applicant	Discrimination Complaints	Pending/resolved complaints	Done with Virus Scan and /or Conversion