

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005795067** | File Number: **0000122999** | Submit Date: **09/30/2020** | Call Sign: **WOGX** | Facility ID: **70651** | City: **OCALA** | State: **FL**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2020** | 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
FOX TELEVISION STATIONS, LLC	Ann West Bobeck 101 Constitution Avenue, NW Suite 200 West WASHINGTON, DC 20001 United States	+1 (202) 824-6503	ann.bobek@fox.com	LLC

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Ann West Bobeck VP, FCC Legal and Business Affairs Fox Corporation	Ann West Bobeck 101 Constitution Avenue, NW Suite 200 West Washington, DC 20001 United States	+1 (202) 824-6503	ann.bobek@fox.com	Legal Representative
Joseph M. Di Scipio SVP, Legal and Business Affairs and Assistant General Counsel Fox Corporation	Joseph M. Di Scipio 101 Constitution Avenue, NW Suite 200 West Washington, DC 20001 United States	+1 (202) 824-6522	joe.discipio@fox.com	Legal Representative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
70651	WOGX	OCALA	FL	No
54940	WRBW	ORLANDO	FL	No
41225	WOFL	ORLANDO	FL	No

**Program Report Questions**

Section	Question	Response
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<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
Iraida Morillo	Director of Human Resources

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	09/30 /2020
Certified Title	VP, FCC Legal and Business Affairs
Authorized Party Name	Ann West Bobeck

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WOFL WRBW and WOGX 2018-2019 Annual EEO Report.pdf</u>	Applicant	EEO Public File Report	WOFL, WRBW and WOGX 2018-2019 Annual EEO Report	Done with Virus Scan and/or Conversion
<u>WOFL WRBW and WOGX 2019-2020 Annual EEO Report.pdf</u>	Applicant	All Purpose	WOFL WRBW and WOGX 2019-2020 Annual EEO Report	Done with Virus Scan and/or Conversion
<u>WOFL WRBW and WOGX Form 396 Exhibit.pdf</u>	Applicant	Discrimination Complaints	WOFL, WRBW and WOGX Form 396 Exhibit	Done with Virus Scan and/or Conversion
<u>WOGX Additional Outreach Narrative.pdf</u>	Applicant	All Purpose	WOGX Additional Outreach Narrative	Done with Virus Scan and/or Conversion

