

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0029329141** | File Number: **0000074426** | Submit Date: **06/03/2019** | Call Sign: **WCPK** | Facility ID: **64003** | City: **CHESAPEAKE** | State: **VA**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/03/2019** | Filing Status: **Active**

**General Information**

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	EEO Program Report - 2019
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
<b>CHESAPEAKE-PORTSMOUTH BROADCASTING CORPORATION</b> Doing Business As: CHESAPEAKE-PORTSMOUTH BROADCASTING CORPORATION	3780 WILL SCARLET ROAD WINSTON-SALEM, NC 27104 United States	+1 (336) 768-1041	colleen@cpbroadcasting.com	COR

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
DAVINA S. SASHKIN LEGAL COUNSEL FLETCHER, HEALD & HILDRETH, PLC	1300 N. 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0458	SASHKIN@FHHLAW.COM	Legal Representative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
87170	WHKT	PORTSMOUTH	VA	No
90265	WWIP	CHERITON	VA	No
10759	WPMH	PORTSMOUTH	VA	No
64003	WCPK	CHESAPEAKE	VA	No
3533	WTJZ	NEWPORT NEWS	VA	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)?	No
<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?	Yes

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	06/03/2019
Certified Title	PRESIDENT
Authorized Party Name	NANCY A. EPPERSON

Attachments

No Attachments.