

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001773852** | File Number: **0000120699** | Submit Date: **08/24/2020** | Call Sign: **WETP-TV** | Facility ID: **18252**  
 City: **SNEEDVILLE** | State: **TN**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **08/24/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	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>EAST TENNESSEE PUBLIC COMMUNICATIONS CORP.</b> 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) 293-0567	AARON@S-PLAW.COM	Legal Representative

## Common Stations

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

## Program Report Questions

Section	Question	Response
<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?	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	08/24 /2020
Certified Title	President
Authorized Party Name	Vickie Lawson

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">2018 EEO WETP-TV &amp; WKOP-TV.pdf</a>	Applicant	EEO Public File Report	2018 EEO	Done with Virus Scan and/or Conversion
<a href="#">2019 EEO WETP-TV &amp; WKOP-TV.pdf</a>	Applicant	EEO Public File Report	2019 EEO	Done with Virus Scan and/or Conversion
<a href="#">WETP-TV &amp; WKOP-TV 2020 EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion