

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0024289415** | File Number: **0000122941** | Submit Date: **09/29/2020** | Call Sign: **WHDO-CD** | Facility ID: **10521** |
 City: **ORLANDO** | State: **FL**
 Service: **Digital Class A** | 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?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WP STATIONS, LLC	Suzanne Lupia 400 N. ASHLEY DRIVE SUITE 1750 TAMPA, FL 33602 United States	+1 (855) 334-0233	slupia@wpbroadcast.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Suzanne M Lupia Director of Operations WP Stations, LLC	400 North Ashley Drive, Suite 1750 Tampa, FL 33602 United States	+1 (813) 579-4477	slupia@wpbroadcast.com	Station Manager
David A. O'Connor , Esq . Wilkinson Barker Knauer, LLP	1800 M Street, N.W., Suite 800N Washington, DC 20036 United States	+1 (202) 783-4141	doconnor@wbklaw.com	Legal Representative
Scott Turpie Technical Consultant Lohnes & Culver, LLC	PO Box 16343 Alexandria, VA 22302 United States	+1 (301) 776-4488	scott@locul.com	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
10521	WHDO-CD	ORLANDO	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)?	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?	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	09/29 /2020
Certified Title	Vice President
Authorized Party Name	John C. Troutman

Attachments

No Attachments.