

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0009353228** | File Number: **0000120034** | Submit Date: **08/03/2020** | Call Sign: **W18BB-D** | Facility ID: **19250**  
 City: **ELIZABETH CITY** | State: **NC**  
 Service: **Low Power Digital TV** | Purpose: **EEO Report** | Status: **Received** | Status Date: **08/03/2020** | 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
<b>ELIZABETH CITY STATE UNIVERSITY</b> Doing Business As: ELIZABETH CITY STATE UNIVERSITY	MELBA SMITH 1704 WEEKSVILLE ROAD ELIZABETH CITY, NC 27909 United States	+1 (252) 335-3985	MYBROWN@ECSU.EDU	PNE

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Patrick Cross Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	pcross@brookspierce.com	Legal Representative
Elizabeth E. Spainhour Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	espainhour@brookspierce.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19250	W18BB-D	ELIZABETH CITY	NC	No
19249	WRVS-FM	ELIZABETH CITY	NC	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	08/03 /2020
Certified Title	Director of Radio and TV Services /GM
Authorized Party Name	Melba Smith

Attachments

No Attachments.