

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0013597448** | File Number: **0000119394** | Submit Date: **07/30/2020** | Call Sign: **WTVD** | Facility ID: **8617** | City: **DURHAM** | State: **NC**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/30/2020** | 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
WTVD TELEVISION, LLC Doing Business As: WTVD TELEVISION, LLC	77 WEST 66TH STREET, 16TH FLR ATTN: JOHN W. ZUCKER, ESQ. NEW YORK, NY 10023 United States	+1 (212) 456- 7387	john.w. zucker@abc.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Susan Fox The Walt Disney Company	425 3rd Street SW Suite 1100 Washington, DC 20024 United States	+1 (202) 222- 4780	Susan.Fox@disney.com	Legal Representative
William J. Getz Consulting Engineer Carl T. Jones Corporation	7901 Yarnwood Court Springfield, VA 22153 United States	+1 (703) 569- 7704	wgetz@ctjc.com	Technical Representative
Grace Kavadoy ABC, Inc.	77 W 66th St., 16th FL. New York, NY 10023 United States	+1 (212) 456- 6686	Grace.Kavadoy@disney.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
8617	WTVD	DURHAM	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?	No
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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
Monica Barnes	Director Community Affairs

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	07/30 /2020
Certified Title	Assistant Secretary
Authorized Party Name	John W Zucker

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WTVD EEO Report 2019.pdf	Applicant	EEO Public File Report	EEO Report 2019	Done with Virus Scan and/or Conversion
WTVD EEO Report 2020.pdf	Applicant	EEO Public File Report	EEO Report 2020	Done with Virus Scan and/or Conversion
WTVD EXHIBIT TO FCC FORM 396.docx	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion