

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005017900** | File Number: **0000119558** | Submit Date: **07/31/2020** | Call Sign: **WFXB** | Facility ID: **9054** | City: **MYRTLE BEACH** | State: **SC**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/31/2020** | 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
Springfield Broadcasting Partners	Amy Liz Pittenger One Television Place Charlotte, NC 28205 United States	+1 (704) 632-7227	apittenger@bahakel.com	GEP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
M. Anne Swanson Legal Counsel Wilkinson Barker Knauer LLP	M. Anne Swanson 1800 M Street NW Suite 800N Washington, DC 20036 United States	+1 (202) 383-3342	ASwanson@wbklaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
9054	WFXB	MYRTLE BEACH	SC	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

## 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
Linda Todd	Business Manager

## 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	07/31 /2020
Certified Title	President of Managing Partner of Licensee
Authorized Party Name	Beverly B. Poston

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">WFXB 2018-2019 EEO Report.pdf</a>	Applicant	All Purpose	WFXB 2018-2019 EEO Report	Done with Virus Scan and/or Conversion
<a href="#">WFXB 2019-2020 EEO Report.pdf</a>	Applicant	All Purpose	WFXB 2019-2020 EEO Report	Done with Virus Scan and/or Conversion
<a href="#">WFXB EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	WFXB EEO Narrative Statement	Done with Virus Scan and/or Conversion