

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002161107** | File Number: **0000123208** | Submit Date: **09/30/2020** | Call Sign: **WCWJ** | Facility ID: **29712** | City: **JACKSONVILLE** | State: **FL**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2020** | 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
<b>GRAHAM MEDIA GROUP, FLORIDA. INC.</b> Doing Business As: GRAHAM MEDIA GROUP, FLORIDA. INC.	Bob Ellis 4 BROADCAST PLACE JACKSONVILLE, FL 32207 United States	+1 (904) 399-4000	bellis@wjxt.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Jennifer Johnson , Esq . Legal Counsel Covington & Burling, LLP	One CityCenter 850 Tenth Street NW Washington, DC 20001 United States	+1 (202) 662-5552	jjohnson@cov.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
29712	WCWJ	JACKSONVILLE	FL	No
53116	WJXT	JACKSONVILLE	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?	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
Bob Ellis	Vice President and General 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	09/30 /2020
Certified Title	Vice President and General Manager
Authorized Party Name	Bob Ellis

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">2019 EEO.pdf</a>	Applicant	EEO Public File Report	EEO Public File Report (October 1, 2018 - September 30, 2019)	Done with Virus Scan and/or Conversion
<a href="#">2020 EEO.pdf</a>	Applicant	EEO Public File Report	EEO Public File Report (October 1, 2019 - September 30, 2020)	Done with Virus Scan and/or Conversion
<a href="#">WJXT WCWJ Broad Recruitment Efforts Statement (9.30.20).pdf</a>	Applicant	Narrative Statement	Broad Recruitment Efforts Statement	Done with Virus Scan and/or Conversion