

Federal

Response

Yes

No

## Broadcast Equal Employment Opportunity **Program Report**

File Number: 0000123564 Submit Date: 10/01/2020 Call Sign: WTSP Facility ID: 11290 City: FRN: 0030521983 ST. PETERSBURG State: FL Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 10/01/2020 Filing Status: Active

General	Section	Question	Response
Information	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
PACIFIC AND SOUTHERN, LLCDenise Branson, Sr.+1 (703) 873- 6606dbranson@TEGNA.LLCParalegal6606comTEGNA Inc.8350 Broad Street, Suite 2000		Paralegal TEGNA Inc. 8350 Broad Street, Suite 2000 Tysons, VA 22102			LLC

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?

Contact	Contact Name	Address		Phone	Email	Contact Type
Representatives	Michael Beder , Esq . Associate General Counse TEGNA Inc.	el 2000	oad Street, Suite VI 22102 tates	+1 (703) 873- 6902	mbeder@TEGNA.com	Legal Representative
	William T. Godfrey , Jr . Consulting Engineers Kessler and Gehman Associates, Inc.	Kessler a Associate 507-D N	W 60th Street lle, FL 32607	+1 (352) 332- 3157	bill@kesslerandgehman. com	Technical Representative
Common	Facility Identifier	Call Sign	City	Stat	e Time Brokerage Agro	eement
Stations	11290	WTSP	ST. PETERSBURG	6 FL	No	

Program Report Questions	Section	Question
	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)?

Full-time Employees

## **Responsibility for Implementation** Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are: Questions Name Title Kari Jacobs **General Manager** Question Response Certification 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 10/01 /2020 **Certified Title** Secretary Authorized Party Name Akin S. Harrison , Esq. .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WTSP 2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019 PF Report	Done with Virus Scan and/or Conversion
WTSP 2020 EEO Public File Report.pdf	Applicant	All Purpose	2020 PF Report	Done with Virus Scan and/or Conversion
WTSP Discrimination Complaints.pdf	Applicant	Discrimination Complaints	Discrimination Complaints	Done with Virus Scan and/or Conversion
WTSP Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion