

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0018223693** | File Number: **0000122732** | Submit Date: **09/29/2020** | Call Sign: **WECP-LD** | Facility ID: **182840**  
 City: **PANAMA CITY** | State: **FL**  
 Service: **Low Power Digital TV** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/29/2020** | 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
GRAY TELEVISION LICENSEE, LLC	8195 FRONT BEACH ROAD PANAMA CITY, FL 32407 United States	+1 (850) 234-7777	Robert.Folliard@gray.tv	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph M. Davis , P.E. . Consulting Engineer Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650-9600	Joseph.Davis@RF-consultants.com	Technical Representative
Joan Stewart WILEY REIN LLP	1776 K STREET, N. W. WASHINGTON, DC 20006 United States	+1 (202) 719-7438	JSTEWART@WILEY.LAW	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
182840	WECP-LD	PANAMA CITY	FL	No
73136	WJHG-TV	PANAMA CITY	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
Ulysses Carlini	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	09/29 /2020
Certified Title	Assistant Secretary
Authorized Party Name	Robert Folliard , III .

Attachments

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