

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0003 7	778743 Fi	ile Number: 0000104652	Submit Date: 02/03/2	2020 Call Sign: WFTA	Facility ID: 666 City:
FULTON	State: MS				
Service: Full	Power FM	Purpose: EEO Report	Status: Received	Status Date: 02/03/2020	Filing Status: Active

General	Section	Question	Response
Information	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WFTA EEO REPORT RENEWAL APPLICATION
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TELESOUTH COMMUNICATIONS, INC. Doing Business As: TELESOUTH COMMUNICATIONS, INC.	STEPHEN C. DAVENPORT 6311 RIDGEWOOD ROAD JACKSON, MS 39211 United States	+1 (601) 957- 1700	sdavenport@telesouth. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	M. SCOTT JOHNSON , ESQ . LEGAL REPRESENTATIVE SMITHWICK & BELENDIUK PC	M. SCOTT JOHNSON 5028 Wisconsin Avenue NW Suite 301 WASHINGTON, DC 20016 United States	+1 (202) 256- 5941	SJOHNSON@FCCWORLD. COM	Legal Representative
Common	Facility Identifier	Call Sign City	State	Time Brokerage Agreem	ent
Stations	666	WFTA FUL	TON MS	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?	Yes

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	02/03/2020
	Certified Title	CHAIRMAN
	Authorized Party Name	STEPHEN C. DAVENPORT

Attachments

No Attachments.