

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001842491** | File Number: **0000119653** | Submit Date: **07/31/2020** | Call Sign: **WSOC-TV** | Facility ID: **74070**  
 City: **CHARLOTTE** | State: **NC**  
 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?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WSOC TELEVISION, LLC</b> Doing Business As: WSOC TELEVISION, LLC	General Manager 235 West 23rd Street CHARLOTTE, NC 28206 United States	+1 (704) 335-4700	cedric.thomas@cmg.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Christina Burrow Legal Representative Cooley LLP	Christina Burrow 1299 Pennsylvania Avenue, NW Suite 700 Washington, DC 20004 United States	+1 (202) 776-2687	cburrow@cooley.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
12793	WAXN-TV	KANNAPOLIS	NC	No
74070	WSOC-TV	CHARLOTTE	NC	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
Cedric Thomas	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	07/31/2020
Certified Title	Vice President and General Manager
Authorized Party Name	Cedric Thomas

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WSOC-WAXN 2019-2020 Annual EEO Report.pdf</u>	Applicant	EEO Public File Report	WSOC-TV/WAXN-TV: 2019-2020 Annual EEO Report	Done with Virus Scan and/or Conversion
<u>WSOC-WAXN FCC EEO Statement 2020 (007).pdf</u>	Applicant	Narrative Statement	WSOC-TV/WAXN-TV: Narrative Exhibit regarding EEO Outreach	Done with Virus Scan and/or Conversion
<u>WSOC-WAXN Renewal EEO Exhibit.pdf</u>	Applicant	EEO Public File Report	WSOC-TV-WAXN-TV: Explanation regarding the annual EEO public file reports for this employment unit	Done with Virus Scan and/or Conversion