

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0033615618** | File Number: **0000123506** | Submit Date: **10/01/2020** | Call Sign: **WBBH-TV** | Facility ID: **71085**
 City: **FORT MYERS** | State: **FL**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2020** | 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
WATERMAN BROADCASTING OF FLORIDA, LLC Doing Business As: WATERMAN BROADCASTING OF FLORIDA, LLC	Steven H. Pontius 3719 CENTRAL AVENUE FORT MYERS, FL 33901 United States	+1 (239) 939-6216	SPONTIUS@WATER. NET	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Jennifer Johnson Legal Counsel Covington & Burling, LLP	One City Center 850 Tenth St., N.W. 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
71085	WBBH-TV	FORT MYERS	FL	No
19183	WZVN-TV	NAPLES	FL	Yes

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
Steven H Pontius	Executive Vice President

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	10/01/2020
Certified Title	Executive Vice President
Authorized Party Name	Steven H Pontius

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Public File Report 10.1.18 - 9.30.19.pdf	Applicant	EEO Public File Report	EEO Public File Report (October 1, 2018 - September 30, 2019)	Done with Virus Scan and/or Conversion
EEO Public File Report 2019-2020 final.pdf	Applicant	EEO Public File Report	EEO Public File Report (October 1, 2019 - September 20, 2020)	Done with Virus Scan and/or Conversion
EEO Public File Report Revised Oct 1 2020.pdf	Internal	All Purpose		Done with Virus Scan and/or Conversion
WBBH - Form 396 - Recruitment Narrative Statement (9.30.20) (2).pdf	Applicant	Narrative Statement	Narrative Statement Regarding EEO Outreach	Done with Virus Scan and/or Conversion