

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0006594303** File Number: **0000129083** Submit Date: **12/01/2020** Call Sign: **WMGT-TV** Facility ID: **43847**

City: MACON State: GA

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 12/01/2020 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
Morris Network Inc. Doing Business As: WMGT-TV	Todd Buccelli PO Box 31201 Macon, GA 31201 United States	+1 (478) 745-4141	tbuccelli@41nbc.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Anne Goodwin Crump FLETCHER, HEALD & HILDRETH, P.L.C.	1300 N. 17TH STREET ELEVENTH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	CRUMP@FHHLAW.	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
43847	WMGT-TV	MACON	GA	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)?	Yes
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
Todd Buccelli	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	12/01 /2020
Certified Title	Chief Operating Officer
Authorized Party Name	Bobby Berry

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO.ResolvedComplaints.Exhibit (01485381xB3D1E).pdf	Applicant	Discrimination Complaints	Resolved EEO Complaints	Done with Virus Scan and /or Conversion
WMGT.EEONarrative.Exhibit (01485449xB3D1E).pdf	Applicant	Narrative Statement	WMGT-TV EEO Narrative	Done with Virus Scan and /or Conversion
WMGT.EEOPublicFileReport.2019 (01485388xB3D1E).pdf	Applicant	EEO Public File Report	EEO Public File Report 2018-19	Done with Virus Scan and /or Conversion
WMGT.EEO.PublicFileReport.2020 (01486745xB3D1E).pdf	Applicant	EEO Public File Report	EEO Public File Report 2019-20	Done with Virus Scan and /or Conversion