



(REFERENCE COPY - Not for submission)

## Broadcast Equal Employment Opportunity Program Report

FRN: **0006611263** | File Number: **0000115549** | Submit Date: **06/01/2020** | Call Sign: **WOAY-TV** | Facility ID: **66804** |  
City: **OAK HILL** | State: **WV**  
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2020** | 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>THOMAS BROADCASTING COMPANY</b> Doing Business As: THOMAS BROADCASTING COMPANY	P.O. BOX 3001 OAK HILL, WV 25901 United States	+1 (304) 469-3361	jdibartolomeo@woay.com	COR

### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Daniel A. Kirkpatrick , Esq . FLETCHER, HEALD & HILDRETH, P. L.C.	1300 N 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812-0432	kirkpatrick@fhhlaw.com	Legal Representative

### Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
66804	WOAY-TV	OAK HILL	WV	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
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**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	06/01/2020
Certified Title	Vice President
Authorized Party Name	Gerald A DiBartolomeo , III .

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u><a href="#">WOAY 2018-2019 EEO Public File Report (01431364xB3D1E).pdf</a></u>	Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus Scan and/or Conversion
<u><a href="#">WOAY 2019-2020 EEO Public File Report (01431610xB3D1E).pdf</a></u>	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<u><a href="#">WOAY EEO Narrative Statement (01431609xB3D1E).pdf</a></u>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion