

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001712819** | File Number: **0000117395** | Submit Date: **07/09/2020** | Call Sign: **WHKY-TV** | Facility ID: **65919** |  
 City: **HICKORY** | State: **NC**  
 Service: **Distributed Transmission System** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/09/2020** |  
 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>LONG COMMUNICATIONS, LLC.</b> Doing Business As: LONG COMMUNICATIONS, LLC.	Jeff Long 526 MAIN AVENUE SE HICKORY, NC 28602 United States	+1 (828) 322-1290	JLONG@WHKY.COM	LLC

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
Joseph C. Chautin , III . Legal Counsel Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com	Legal Representative
Louis R duTreil , Jr . Technical Consultant duTreil Lundin & Rackley Inc	3135 Southgate Circle Sarasota, FL 34239 United States	+1 (941) 329-6004	bobjr@DLR.com	Technical Representative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
65918	WHKY	HICKORY	NC	No
65919	WHKY-TV	HICKORY	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
Jeffrey B. Long	Member 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	07/09 /2020
Certified Title	Member Manager
Authorized Party Name	Jeffrey Long

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">WHKY 2018-2019 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	2018-19 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">WHKY 2019-2020 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	2019-20 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">WHKY EEO Narrative Statement 2020.pdf</a>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion