

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0030190466** | File Number: **0000141459** | Submit Date: **03/29/2021** | Call Sign: **WDKA** | Facility ID: **39561** | City: **PADUCAH** | State: **KY**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/29/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	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
<b>Paducah Television License LLC</b> Doing Business As: Paducah Television License LLC	767 5th Ave. 12th Floor New York, NY 10153 United States	+1 (212) 225-7470	legal@standgen.com	Company

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Scott R. Flick Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663-8167	scott.flick@pillsburylaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
39561	WDKA	PADUCAH	KY	No
19593	KBSI	CAPE GIRARDEAU	MO	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
------	-------

**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	03/29/2021
Certified Title	President and CEO
Authorized Party Name	Deborah A. McDermott

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">Paducah Television License LLC - 2021 EEO Report.pdf</a>	Applicant	EEO Public File Report	2021 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Paducah Television License LLC - Form 396 EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion