

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0009961889** | File Number: **0000063932** | Submit Date: **12/03/2018** | Call Sign: **WWLP** | Facility ID: **6868** | City: **SPRINGFIELD** | State: **MA**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **12/03/2018** | 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 |
|----------------------------|--|-------------------|-------------------|----------------|
| NEXSTAR BROADCASTING, INC. | Elizabeth Ryder<br>545 E. John Carpenter Freeway<br>Suite 700<br>Irving, VA 75062<br>United States | +1 (972) 373-8800 | eryder@nexstar.tv | LLC            |

## Contact Representatives

Information not provided.

## Common Stations

| Facility Identifier | Call Sign | City        | State | Time Brokerage Agreement |
|---------------------|-----------|-------------|-------|--------------------------|
| 2650                | WFXQ-CD   | SPRINGFIELD | MA    | No                       |
| 6868                | WWLP      | SPRINGFIELD | MA    | No                       |

## Mid-Term Report Questions

| Section         | Question  | Response |
|-----------------|---|----------|
| Mid-Term Report | Does your station employment unit employ fewer than five full-time employees? | No       |

## Additional Mid-Term 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           |
|---------------|-----------------|
| Robert Simone | 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   | 12/03<br>/2018     |
| Certified Title  | General<br>Counsel |
| Authorized Party Name  | Elizabeth<br>Ryder |

**Attachments**

| File Name   | Uploaded By | Attachment Type | Description | Upload Status                          |
|---|-------------|-----------------|-------------|--|
| <a href="#"><u>WWLP WFXQ 2016 - 2017 EEO Report.pdf</u></a> | Applicant   | All Purpose     |             | Done with Virus Scan and/or Conversion |
| <a href="#"><u>WWLP WFXQ 2017 - 2018 EEO Report.pdf</u></a> | Applicant   | All Purpose     |             | Done with Virus Scan and/or Conversion |