

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002710192** | File Number: **0000115002** | Submit Date: **05/29/2020** | Call Sign: **WTKR** | Facility ID: **47401** | City: **NORFOLK** | State: **VA**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/29/2020** | 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
SCRIPPS BROADCASTING HOLDINGS LLC Doing Business As: SCRIPPS BROADCASTING HOLDINGS LLC	DAVE GILES 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (513) 977-3000	DAVE. GILES@SCRIPPS. COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Christina Burrow Legal Representative Cooley LLP	Christina Burrow 1299 Pennsylvania Avenue, NW, Suite 700 Washington, DC 20004 United States	+1 (202) 776- 2687	cburrow@cooley. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
47401	WTKR	NORFOLK	VA	No
9762	WGNT	PORTSMOUTH	VA	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

Responsibility for Implementation

Questions

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
Stephen Hayes	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	05/29 /2020
Certified Title	Vice President, Deputy General Counsel
Authorized Party Name	David Giles

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Exhibit for Model EEO Report (WTKR WGNT).pdf</u>	Applicant	All Purpose	Exhibit re Acquisition of Stations	Done with Virus Scan and/or Conversion
<u>WGNT-WTKR 2019-2020 Annual EEO public file report.pdf</u>	Applicant	EEO Public File Report	WGNT/WTKR -2019-2020 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
<u>WGNT-WTKR Form 396 Narrative - final.pdf</u>	Applicant	Narrative Statement	WGNT/WTKR -Form 396 Narrative Statement	Done with Virus Scan and/or Conversion