

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002710192** | File Number: **0000123244** | Submit Date: **09/30/2020** | Call Sign: **WPTV-TV** | Facility ID: **59443**  
 City: **WEST PALM BEACH** | State: **FL**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2020** | 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	David 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
KENNETH C. HOWARD, JR. BAKER & HOSTETLER LLP	1050 CONNECTICUT AVENUE, NW SUITE 1100 WASHINGTON, DC 20036 United States	+1 (202) 861-1580	KHOWARD@BAKERLAW.COM	Legal Representative
BENJAMIN PIDEK, P. E. CONSULTING ENGINEER MID-STATE CONSULTANTS	PO Box 430 LENNON, MI 48449 United States	+1 (810) 621-5656	BPIDEK@MSCON.COM	Technical Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
59443	WPTV-TV	WEST PALM BEACH	FL	No
83929	WHDT	STUART	FL	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

<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
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**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
Erin Sadler	Director, HR Business Partner

**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	09/30 /2020
Certified Title	Vice President /General Manager
Authorized Party Name	Lloyd Bucher

**Attachments**

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