

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002710192** | File Number: **0000123239** | Submit Date: **09/30/2020** | Call Sign: **WFTX-TV** | Facility ID: **70649** |
 City: **CAPE CORAL** | 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	6197 MILLER RD., SUITE 1 SWARTZ CREEK, MI 48473 United States	+1 (810) 226-0750	bpidek@mscon.com	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
70649	WFTX-TV	CAPE CORAL	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
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
Shahbeila Brown	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	Darryll J. Green

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO NARRATIVE STATEMENT.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion
WFTX 2018-2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	WFTX 2018-2019 EEO Public File Report	Done with Virus Scan and /or Conversion
WFTX 2019-2020 EEO Public File Report (final).pdf	Applicant	EEO Public File Report	WFTX 2019-2020 EEO Public File Report	Done with Virus Scan and /or Conversion