

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0032111312** | File Number: **0000182976** | Submit Date: **01/31/2022** | Call Sign: **WICZ-TV** | Facility ID: **62210** |
 City: **BINGHAMTON** | State: **NY**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/31/2022** | 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
STAINLESS BROADCASTING, L.P. Doing Business As: STAINLESS BROADCASTING, L.P.	Legal Department, Cox Media Group 223 Perimeter Center Parkway NE Atlanta, GA 30346 United States	+1 (470) 508-3472	alysia.long@cmg.cm	LIP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph M. Davis , P.E. . Consulting Engineer Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650-9600	Joseph.Davis@RF-consultants.com	Technical Representative
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Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
62210	WICZ-TV	BINGHAMTON	NY	No

Program Report Questions

Section	Question	Response
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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
John Leet	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	01/31/2022
Certified Title	Operations Manager
Authorized Party Name	Vernon R Rowlands

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO 2021 Narrative.docx	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
EEO Public File Report Jan 2019.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEO Public File Report Jan 2019.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion