

Federal

## Broadcast Equal Employment Opportunity **Program Report**

FRN: 0013522396 File Number: 0000188018 Submit Date: 03/31/2022 Call Sign: KTBC Facility ID: 35649 City: AUSTIN State: TX Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 03/31/2022 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
NW COMMUNICATIONS OF AUSTIN, INC.	Ann West Bobeck PO Box 20001 SUITE 200 West WASHINGTON, DC 20001 United States	+1 (202) 824- 6503	ann.bobeck@fox. com	COR

alleging unlawful discrimination in the employment practices

Contact Representatives	Contact Name		Address	Phone	Ema	il	Contact Type	
	Ann West Bobeck VP, FCC Legal and Business Affairs NW COMMUNICATIONS OF AUSTIN, INC.		Ann West Bobeck+1 (202) 82101 Constitution6503Avenue, NWSuite 200 WestWashington, DC 20001United States			eck@fox.	Legal Representative	
	Joseph M. Di Scipio SVP, FCC Legal and Busines and Ass't GC NW COMMUNICATIONS OF INC.		Joseph M. Di Scipio 101 Constitution Avenue, NW SUITE West WASHINGTON, DC 20001 United States	+1 (202) 6522	824- joe.c com	discpio@fox.	Legal Representative	
Common Stations	Facility Identifier	Call Sign	City	State Ti	ate Time Brokerage Agreement			
	35649	KTBC	AUSTIN	TX N	lo			
Program Report Questions	Section	Question				Response		
	Discrimination Complaints	this licens	pending or resolved cor e term before any body n under federal, state, te	having compe	tent	Yes		

of the station(s)?

	Full-time Employees	full-time employe	es? Conside	t unit employ fewe r as "full-time" em o or more hours a	ployees all	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							
	Lisa Cordes			HR Director				
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							
								03/31 /2022
	Certified Title VP, Lega and Busi Affa							
	Authorized Party Name							Ann West Bobeck
Attachments	File Name		Uploaded By	Attachment Type	Description		Upload S	tatus
	KTBC 4-1-20-3-31-21-annual-e		Applicant	EEO Public File Report	KTBC 2020-20 Annual EEO F		Done with Virus Scan and/or Conversion	
	KTBC 4-1-21-3-31-22-annual-6 report-20220316-184131437-p	•	Applicant	EEO Public File Report	KTBC 2021-20 Annual EEO F		Done with Virus Scan and/or Conversion	
	KTBC Additional Outreach Nat	rrative.pdf	Applicant	Narrative Statement	KTBC Addition Outreach Nari		Done with Virus Scan and/or Conversion	
	KTBC EEO Form 396 Complai Renewal).pdf	int (2022_	Applicant	Discrimination Complaints	KTBC EEO Fo 396 Complain Exhibit		Done with Virus Scan and/or Conversion	