

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0017777178** | File Number: **0000192263** | Submit Date: **05/31/2022** | Call Sign: **KUVE-DT** | Facility ID: **63927**
 City: **GREEN VALLEY** | State: **AZ**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/31/2022** | 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
UNIVISION TUCSON LLC Doing Business As: UNIVISION TUCSON LLC	CHRISTOPHER G. WOOD 5999 CENTER DRIVE LOS ANGELES, CA 90045 United States	+1 (310) 348-3600	CWOOD@UNIVISION.NET	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
MATTHEW S. DELNERO COVINGTON & BURLING LLP	One CityCenter 850 TENTH STREET, NW WASHINGTON, DC 20001 United States	+1 (202) 662-5543	MDELNERO@COV.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
81441	KFTU-DT	DOUGLAS	AZ	No
63927	KUVE-DT	GREEN VALLEY	AZ	No
78036	KUVE-CD	TUCSON	AZ	No
53004	KFTU-CD	TUCSON	AZ	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?	Yes

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	05/31/2022
Certified Title	SVP, ASSOC GC GOV AND REG AFF
Authorized Party Name	CHRISTOPHER G WOOD

Attachments

No Attachments.