

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0007283054** | File Number: **0000115526** | Submit Date: **06/01/2020** | Call Sign: **WVAH-TV** | Facility ID: **417** | City: **CHARLESTON** | State: **WV**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2020** | 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
	WVAH Licensee, LLC Doing Business As: WVAH Licensee, LLC	Lisa Asher 2000 W. 41st Street Baltimore, MD 21211 United States	+1 (410) 662-9688	LAsher@cunninghambroadcasting.com	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Scott R. Flick , Esq . Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663-8167	scott.flick@pillsburylaw.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	417	WVAH-TV	CHARLESTON	WV	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	06/01 /2020
Certified Title	Secretary
Authorized Party Name	Lisa Asher

Attachments

No Attachments.