

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002710192** | File Number: **0000155397** | Submit Date: **08/02/2021** | Call Sign: **WTMJ-TV** | Facility ID: **74098**  
City: **MILWAUKEE** | State: **WI**  
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **08/02/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	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
<b>SCRIPPS BROADCASTING HOLDINGS LLC</b>	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
Daniel Kirkpatrick , Esq . BAKER & HOSTETLER LLP	1050 CONNECTICUT AVENUE, NW SUITE 1100 WASHINGTON, DC 20036 United States	+1 (202) 861-1758	dkirkpatrick@bakerlaw.com	Legal Representative
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Roy P. Stype , III . Consulting Engineer Roy P. Stype, III	PO Box 807 Bath, OH 44210 United States	+1 (330) 659-4440	rstype@aol.com	Technical Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
74098	WTMJ-TV	MILWAUKEE	WI	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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)?	Yes

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
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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
Eric Fuehrer	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	08/02 /2021
Certified Title	Vice President, General Manager
Authorized Party Name	Joe Poss

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and/or Conversion
<a href="#">WTMJ 2020-2021 EEO Public File Report (FINAL).pdf</a>	Applicant	EEO Public File Report	2020-2021 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">WTMJ FCC Renewal EEO Discrimination Complaint List (Final).pdf</a>	Applicant	Discrimination Complaints	EEO Discrimination Complaints	Done with Virus Scan and/or Conversion
<a href="#">WTMJ-TV 2019-2020 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion