

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0004970596** | File Number: **0000183903** | Submit Date: **02/01/2022** | Call Sign: **KOCB** | Facility ID: **50170** | City: **OKLAHOMA CITY** | State: **OK**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **02/01/2022** | 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
<b>KOCB Licensee, LLC</b> Doing Business As: KOCB Licensee, LLC	c/o Miles S. Mason, Pillsbury Winthrop Shaw Pittman LLP 1200 Seventeenth Street NW Washington, DC 20036 United States	+1 (202) 663-8195	miles.mason@pillsburylaw.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Miles S. Mason Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663-8195	miles.mason@pillsburylaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
50170	KOCB	OKLAHOMA CITY	OK	No
35388	KOKH-TV	OKLAHOMA CITY	OK	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)?	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

## 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
------	-------

**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	02/01/2022
Certified Title	President and CEO of Sinclair Broadcast Group Inc
Authorized Party Name	Christopher S. Ripley

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">KOCB-KOKH 2020-2021 EEO Program Report.pdf</a>	Applicant	EEO Public File Report	KOCB-KOKH 2020-2021 EEO Program Report	Done with Virus Scan and/or Conversion
<a href="#">KOCB-KOKH 2021-2022 EEO Program Report.pdf</a>	Applicant	EEO Public File Report	KOCB-KOKH 2021-2022 EEO Program Report	Done with Virus Scan and/or Conversion
<a href="#">KOCB-KOKH - EEO Narrative Exhibit.pdf</a>	Applicant	Narrative Statement	KOCB-KOKH - EEO Narrative Exhibit	Done with Virus Scan and/or Conversion
<a href="#">KOCB-KOKH - Pending or Resolved Complaints Exhibit.pdf</a>	Applicant	Discrimination Complaints	KOCB-KOKH - Pending or Resolved Complaints Exhibit	Done with Virus Scan and/or Conversion