

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0002710192** File Number: **0000209010** Submit Date: **02/01/2023** Call Sign: **WKBW-TV** Facility ID: **54176** 

City: **BUFFALO** State: **NY** 

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 02/01/2023 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
SCRIPPS BROADCASTING HOLDINGS LLC	Dave 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
Dan Kirkpatrick Baker Hostetler LLP	Dan Kirkpatrick 1050 Connecticut Avenue, NW, Suite 1100 Washington, DC 20036 United States	+1 (202) 861- 1758	dkirkpatrick@bakerlaw. com	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
54176	WKBW-TV	BUFFALO	NY	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?	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
Julie O'Connor	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	02/01 /2023
Certified Title	Vice President /General Manager
Authorized Party Name	Marc Jaromin

### **Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO NARRATIVE STATEMENT. pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion
WKBW EEO Public File Report (2021-2022).pdf	Applicant	EEO Public File Report	2021-2022 EEO Public File Report	Done with Virus Scan and /or Conversion
WKBW EEO Public File Report (2022-2023).pdf	Applicant	EEO Public File Report	2022-2023 EEO Public File Report	Done with Virus Scan and /or Conversion