

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001531243** | File Number: **0000208960** | Submit Date: **01/31/2023** | Call Sign: **WXTV-DT** | Facility ID: **74215**
 City: **PATERSON** | State: **NJ**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/31/2023** | 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
WXTV LICENSE PARTNERSHIP, G.P. Doing Business As: WXTV LICENSE PARTNERSHIP, G.P.	Karen Milne 101 Constitution Avenue, NW, Suite 800W Washington, DC 20001 United States	+1 (310) 348-3600	kmilne@univision. net	GEP

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
60553	WFTY-DT	SMITHTOWN	NY	No
60555	WFUT-DT	NEWARK	NJ	No
74215	WXTV-DT	PATERSON	NJ	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

Responsibility for Implementation

Program Report Questions

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
Roberto Yanez	President and General Manager

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	01/31 /2023
Certified Title	Senior Vice President US Regulatory
Authorized Party Name	Karen Milne

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Program Narrative.pdf	Applicant	Narrative Statement	EEO Program Narrative	Done with Virus Scan and/or Conversion
NY EEO Annual Report 2021-2022.pdf	Applicant	EEO Public File Report	EEO Annual Report 2021-2022	Done with Virus Scan and/or Conversion
NY EEO ANNUAL REPORT 2022-2023.pdf	Applicant	EEO Public File Report	EEO Annual Report 2022-2023	Done with Virus Scan and/or Conversion