



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0030357859** | File Number: **0000213440** | Submit Date: **04/03/2023** | Call Sign: **WWCP-TV** | Facility ID: **20295**

City: **JOHNSTOWN** | State: **PA**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/03/2023** | 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
Johnstown (WWCP-TV) Licensee, Inc.	Lisa Asher 2000 W. 41st Street Baltimore, MD 21211 United States	+1 (410) 662-9688	lasher@cunninghambroadcasting.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Scott R. Flick 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
20295	WWCP-TV	JOHNSTOWN	PA	No
20287	WATM-TV	ALTOONA	PA	Yes

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
James Pastore	Station 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	04/03 /2023
Certified Title	Secretary
Authorized Party Name	Lisa Asher

Attachments

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