

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0018223693** File Number: **0000049156** Submit Date: **03/30/2018** Call Sign: **KWTX-TV** Facility ID: **35903**

City: **WACO** State: **TX**

Service: Full Service Television | Purpose: EEO Report | Status: Received | Status Date: 03/30/2018 | 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
GRAY TELEVISION LICENSEE, LLC	6700 AMERICAN PLAZA WACO, TX 76712 United States	+1 (254) 776- 1330	LARRY.BROWN@KWTX. COM	LLC

Contact Representatives

Information not provided.

Commonility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations 35903	KWTX-TV	WACO	TX	No

Mid-Term Report Questions

Section	Question	Response
Mid-Term Report	Does your station employment unit employ fewer than five full-time employees?	No

Additional Mid-Term 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
Mike Wright	Vice-President and General Manager

Certification

uestion	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member rustee, authorized employee, or other individual or duly elected or appointed official who is authorized in behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission of T.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certified the has read the document; that to the best of his or her knowledge, information, and belief there is go a support it; and that it is not interposed for delay	d to sign under 47 C. es that he or
Certified Date	03/30

/2018

Certified Title	Assistant Secretary
Authorized Party Name	Robert J. Folliard , III .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KWTX 2017 PFR. pdf	Applicant	All Purpose	2017 Public File Report	Done with Virus Scan and/or Conversion
KWTX 2018 PFR. pdf	Applicant	All Purpose	2018 Public File Report	Done with Virus Scan and/or Conversion