

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0021268396** | File Number: **0000049449** | Submit Date: **04/02/2018** | Call Sign: **KFDM** | Facility ID: **22589** | City: **BEAUMONT** | State: **TX**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/02/2018** | 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 |
|---------------------------|---|-------------------|------------------------------|----------------|
| KFDM LICENSEE, LLC | C/O MILES S. MASON, ESQ., PILLSBURY WINTHROP SHAW PITTMAN LLP 1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036 United States | +1 (202) 663-8195 | MILES.MASON@PILLSBURYLAW.COM | Company |

Contact Representatives

Information not provided.

Common Stations

| Facility Identifier | Call Sign | City | State | Time Brokerage Agreement |
|---------------------|-----------|-------------|-------|--------------------------|
| 61214 | KBTV-TV | PORT ARTHUR | TX | Yes |
| 22589 | KFDM | BEAUMONT | 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 |
|-----------------|------------------------|
| SHARON PICKERAL | SR. EMPLOYMENT 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 | 04/02/2018 |
| Certified Title | SECRETARY, SINCLAIR TELEVISION GROUP, INC |
| Authorized Party Name | DAVID B. AMY |

Attachments

| File Name | Uploaded By | Attachment Type | Description | Upload Status |
|---|-------------|-----------------|----------------------|--|
| <u>KFDM 2017 Report.pdf</u> | Applicant | All Purpose | 2016-2017 EEO REPORT | Done with Virus Scan and/or Conversion |
| <u>KFDM 2018 Report.pdf</u> | Applicant | All Purpose | 2017-2018 EEO REPORT | Done with Virus Scan and/or Conversion |