Approved by OMB (Office of Management and Budget) | OMB Control Number 3060-0113

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0022238810** | File Number: **0000024713** | Submit Date: **06/01/2017** | Call Sign: **WSTR-TV** | Facility ID: **11204** | City: **CINCINNATI** | State: **OH**

Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/01/2017** | 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 |
|---|---|---|---|---|
| **DEERFIELD MEDIA (CINCINNATI) LICENSEE, LLC**<br>Doing Business As: DEERFIELD MEDIA (CINCINNATI) LICENSEE, LLC | 1735 YORK AVENUE<br>#38A<br>NEW YORK, NY 10128<br>United States | +1 (212) 534-1044 | miles.mason@pillsburylaw.com | LLC |

## Contact Representatives

Information not provided.

## Common Stations

| Facility Identifier | Call Sign | City | State | Time Brokerage Agreement |
|---|---|---|---|---|
| 11204 | WSTR-TV | CINCINNATI | OH | No |

## Mid-Term Report Questions

| Section | Question | Response |
|---|---|---|
| **Mid-Term Report** | Does your station employment unit employ fewer than five full-time employees? | Yes |

## 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 | 06/01/2017 |
| Certified Title | President of Licensee's Sole Member |

| | |
|---|---|
| Authorized Party Name | Stephen P Mumblow |

## Attachments

No Attachments.