



(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000017280 | Submit Date: 11/14/2016 | Call Sign: WMAR-TV | Facility ID: 59442 | FRN: 0002710192 |

State: Maryland | City: BALTIMORE

Service: DTV | Purpose: Annual Ancillary/Supplemental Service Report | Status: Received | Status Date: 11/14/2016 |

Filing Status: Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SCRIPPS MEDIA, INC. Doing Business As: SCRIPPS MEDIA, INC.	David Giles 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (513) 977-3000	DAVE.GILES@SCRIPPS.COM	Corporation

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact
Representatives
(2)

Contact Name	Address	Phone	Email	Contact Type
KENNETH C. HOWARD , JR . BAKER & HOSTETLER LLP	1050 CONNECTICUT AVENUE, NW SUITE 1100 WASHINGTON, DC 20036 United States	+1 (202) 861- 1580	KHOWARD@BAKERLAW. COM	Legal Representative
BENJAMIN PIDEK, P. E. CONSULTING ENGINEER MID-STATE CONSULTANTS	PO Box 430 LENNON, MI 48449 United States	+1 (810) 621- 5656	BPIDEK@MSCON.COM	Technical Representative

Ancillary
/Supplementary
Services

Call Sign	City	State	Licensee
K30LL-D	KINGMAN	AZ	SCRIPPS MEDIA, INC.
WEWS-TV	CLEVELAND	OH	SCRIPPS MEDIA, INC.
KMCI-TV	LAWRENCE	KS	SCRIPPS MEDIA, INC.
KSHB-TV	KANSAS CITY	MO	SCRIPPS MEDIA, INC.
WMYD	DETROIT	MI	SCRIPPS MEDIA, INC.
KJRH-TV	TULSA	OK	SCRIPPS MEDIA, INC.
WKBW-TV	BUFFALO	NY	SCRIPPS MEDIA, INC.
K47DJ-D	PRESCOTT	AZ	SCRIPPS MEDIA, INC.
WRTV	INDIANAPOLIS	IN	SCRIPPS MEDIA, INC.
KNXV-TV	PHOENIX	AZ	SCRIPPS MEDIA, INC.
WCPO-TV	CINCINNATI	OH	SCRIPPS MEDIA, INC.
KERO-TV	BAKERSFIELD	CA	SCRIPPS MEDIA, INC.
KZKC-LP	BAKERSFIELD	CA	SCRIPPS MEDIA, INC.
WXYZ-TV	DETROIT	MI	SCRIPPS MEDIA, INC.
WPTV-TV	WEST PALM BEACH	FL	SCRIPPS MEDIA, INC.
WFTS-TV	TAMPA	FL	SCRIPPS MEDIA, INC.
KGTV	SAN DIEGO	CA	SCRIPPS MEDIA, INC.
K24KS-D	FLAGSTAFF	AZ	SCRIPPS MEDIA, INC.
K44CN-D	COTTONWOOD	AZ	SCRIPPS MEDIA, INC.
KMGH-TV	DENVER	CO	SCRIPPS MEDIA, INC.
KZCO-LD	DENVER	CO	SCRIPPS MEDIA, INC.

Certification

Section	Question	Response
General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Ray Thurber <i>Vice President/Engineering</i> 11/14/2016

Attachments

Information not provided.