



(REFERENCE COPY - Not for submission)

# Children's Television Programming Report

FRN: **0027334275** | File Number: **0000049223** | Submit Date: **04/02/2018** | Call Sign: **KWHM** | Facility ID: **37105** | City:  
**WAILUKU** | State: **HI**

Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date:  
**04/02/2018** | Filing Status: **Active**

Report reflects information for : **First Quarter of 2018**

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
LESEA BROADCASTING OF HAWAII, INC. Doing Business As: LESEA BROADCASTING OF HAWAII, INC.	61300 IRONWOOD ROAD SOUTH BEND, IN 46614 United States	+1 (574) 291-8200	JCHAUTIN@HARDYCAREY.COM	Company

Contact  
Representatives  
(2)

Contact Name	Address	Phone	Email	Contact Type
<b>Joseph C Chautin , III .</b> <i>Legal Counsel</i> Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629- 0777	jchautin@hardycarey. com	Legal Representative
<b>Wes Hylton</b> <i>Director of Engineering</i> LeSEA Broadcasting of Hawaii, Inc.	61300 Ironwood Road South Bend, IN 46614 United States	+1 (574) 291- 8200	whylton@lesea.com	Technical Representative

Children's  
Television  
Information

Section	Question	Response
Station Type	Station Type	Independent
	Affiliated network	
	Nielsen DMA	Honolulu
	Web Home Page Address	www.kwhe.com

Digital Core  
Programming

Question	Response
State the average number of hours of Core Programming per week broadcast by the station on its main program stream	0.0
State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream	0.0
State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671:	0.0
Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673?	Yes
Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program stream) did not consist of program episodes that had already aired within the previous seven days either on the station's main program stream or on another of the station's free digital program streams?	Yes

Digital Core  
Programs(1)

Digital Core Program (1 of 1)	Response
Program Title	Pursuant to the FCC's granted silent temporary authority File 0000024489 KWHM did not transmit broadcast programming during the 4th quarter of 2017.
Origination	Syndicated
Days/Times Program Regularly Scheduled	Did not air.
Total times aired at regularly scheduled time	0
Total times aired	
Number of Preemptions	0
Number of Preemptions for other than Breaking News	0
Number of Preemptions Rescheduled	
Length of Program	30 mins
Age of Target Child Audience	13 years to 16 years
Describe the educational and informational objective of the program and how it meets the definition of Core Programming.	Pursuant to the FCC's granted silent temporary authority File 0000024489 KWHM did not transmit broadcast programming during the 4th quarter of 2017.
Does the Licensee identify the program by displaying throughout the program the symbol E/I?	Yes

Non-Core  
Educational and  
Informational  
Programming (0)

Sponsored Core  
Programming (0)

**Liaison Contact**

Question	Response
Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526(e)(11)(iii)?	Yes
Name of children's programming liaison	Colleen Halt
Address	61300 S. Ironwood Rd.
City	South Bend
State	IN
Zip	46614
Telephone Number	(574) 231-5221
Email Address	chalt@lesea. com
Include any other comments or information you want the Commission to consider in evaluating your compliance with the Children's Television Act (or use this space for supplemental explanations). This may include information on any other noncore educational and informational programming that you aired this quarter or plan to air during the next quarter, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTES 2 and 3.	This station ceased operation on 05 /08/2017. No programming will be reported for Q1 of 2018.



Other Matters (1)

Other Matters (1 of 1)	Response
Program Title	This station ceased operation on 05/08/2017
Origination	Syndicated
Days/Times Program Regularly Scheduled	This station ceased operation on 05/08/2017
Total times aired at regularly scheduled time	0
Length of Program	0 mins
Age of Target Child Audience from	0 years to 0 years
Describe the educational and informational objective of the program and how it meets the definition of Core Programming.	This station ceased operation on 05/08/2017

Certification

Question	Response
<p>The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, 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 Children's Television Programming; 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 Children's Television Programming, 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.</p> <p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Colleen Halt</b> <i>Program Coordinator</i></p> <p>04/02/2018</p>

**Attachments**

No Attachments.