

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0004676755** | File Number: **0000013409** | Submit Date: **08/01/2016** | Call Sign: **WLOS** | Facility ID: **56537** | City: **ASHEVILLE** | State: **NC**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **08/01/2016** | 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
WLOS LICENSEE, LLC Doing Business As: WLOS LICENSEE, LLC	C/O CLIFFORD HARRINGTON, PILLSBURY WINTH 1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8525	CLIFFORD. HARRINGTON@PILLSBURLAW. COM	LLC

Contact Representatives

Information not provided.

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
56537	WLOS	ASHEVILLE	NC	No
56548	WMYA-TV	ANDERSON	SC	Yes

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	Employment Manager

Certification

Question	Response
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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	08/01 /2016
Certified Title	Secretary, Sinclair Television Group, Inc.
Authorized Party Name	David B Amy

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WLOS WMYA 2014-2015.pdf</u>	Applicant	All Purpose		Done with Virus Scan and/or Conversion
<u>WLOS WMYA 2015-2016 EEO.pdf</u>	Applicant	All Purpose		Done with Virus Scan and/or Conversion