

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0004970935** | File Number: **0000014206** | Submit Date: **09/30/2016** | Call Sign: **WEAR-TV** | Facility ID: **71363**
 City: **PENSACOLA** | State: **FL**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2016** | 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
WEAR LICENSEE, LLC Doing Business As: WEAR LICENSEE, LLC	C/O MILES S. MASON, ESQ. - PILLSBURY WINTHROP 1200 SEVENTEENTH STREET, NW WASHINGTON, DC 20036 United States	+1 (202) 663-8195	MILES. MASON@PILLSBURYLAW. COM	LLC

Information not provided.

Contact Representatives

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	71363	WEAR-TV	PENSACOLA	FL	No
	6554	WFGX	FORT WALTON BEACH	FL	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	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	09/30 /2016
Certified Title	Secretary, Sinclair Television Group, Inc.
Authorized Party Name	David B Amy

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WEAR WFGX 2015 EEO.pdf	Applicant	All Purpose		Done with Virus Scan and/or Conversion
WEAR WFGX 2016 EEO.pdf	Applicant	All Purpose		Done with Virus Scan and/or Conversion