



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0021144092** | File Number: **0000014217** | Submit Date: **09/30/2016** | Call Sign: **WTCN-CA** | Facility ID: **70865**

City: **PALM BEACH** | State: **FL**

Service: **Digital Class A** | 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 |
|--|---|----------------------|--|----------------|
| WTVX LICENSEE, LLC<br>Doing Business As:<br>WTVX LICENSEE, LLC | C/O CLIFFORD<br>HARRINGTON, PILLSBURY<br>WINTH<br>1200 SEVENTEENTH<br>STREET, NW<br>WASHINGTON, DC 20036<br>United States | +1 (202)<br>663-8525 | CLIFFORD.<br>HARRINGTON@PILLSBURYLAW.<br>COM | LLC            |

Contact Representatives

Information not provided.

Common Stations

| Facility Identifier | Call Sign | City            | State | Time Brokerage Agreement |
|---------------------|-----------|-----------------|-------|--------------------------|
| 35575               | WTVX      | FORT PIERCE     | FL    | No                       |
| 52527               | WPEC      | WEST PALM BEACH | FL    | No                       |
| 70865               | WTCN-CA   | PALM BEACH      | FL    | No                       |
| 63557               | WWHB-CA   | STUART          | 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 |
|----------|----------|
|----------|----------|

|   |  |
|---|--|
| 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<br>/2016   |
| Certified Title   | Secretary,<br>Sinclair<br>Television<br>Group,<br>Inc. |
| Authorized Party Name   | David B<br>Amy   |

Attachments

| File Name                               | Uploaded By | Attachment Type | Description | Upload Status                          |
|---|-------------|-----------------|-------------|--|
| <u>WPEC WTCN WTVX WWHB 2015 EEO.pdf</u> | Applicant   | All Purpose     |             | Done with Virus Scan and/or Conversion |
| <u>WPEC WTCN WTVX WWHB 2016 EEO.pdf</u> | Applicant   | All Purpose     |             | Done with Virus Scan and/or Conversion |