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| Federal Communications Commission Washington, D.C. 20554 | | Approved by OMB 3060-1115 (March 2008) | | FOR FCC USE ONLY | |
| FCC 388 DTV Quarterly Activity Station Report | | | | FOR COMMISSION USE ONLY FILE NO. -20080710ADD | |
| Licensee LESEA BROADCASTING OF INDIANAPOLIS, INC. | | | | | |
| Call Sign WHMB-TV | | Facility Id 37102 | | Previous Call Sign (if applicable) | |
| Community of License | | | | | |
| City | | State | County | | Zip Code |
| INDIANAPOLIS | | IN | MARION | | 46250 - |
| Nielsen DMA INDIANAPOLIS | | World Wide Web Home Page Address WWW.WHMBTV.COM | | Licensee Renewal Expiration Date (mm/dd/yyyy) 08/01/2013 | |
| Channel Numbers: (Check the Channel Number(s) to which this form applies.) | | | | | |
| <input checked="" type="checkbox"/> Analog | 40 | | | | |
| <input checked="" type="checkbox"/> Digital | 16 | | | | |
| Report reflects information for quarter ending: 06/30/2008 | | | | | |
| Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input checked="" type="radio"/> Option One (A and D) <input type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D) | | | | | |
| Over the past quarter, have you fully complied with the requirements of this option? | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Simulcasting: | | | | | |
| Are you simulcasting on your Analog channel and your primary Digital stream? | | | | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Application Purpose: | | | | | |
| <input checked="" type="radio"/> DTV Education Report | | | | | |
| <input type="radio"/> Amendment | | File Number - | | | |
| If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised. | | | | | |

Section A (For broadcasters electing Option One).

Stations that elect Option One must place a copy of this form on the station's public website, if such exists.

On its analog channel, and its primary digital stream, a station must air one transition PSA, and run one transition crawl, in every quarter of every day. This requirement will increase to two PSAs and crawls per quarter per day on April 1, 2008, and to three of each on October 1, 2008. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

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| Have you aired a sufficient number of eligible PSAs (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Have you aired a sufficient number of eligible crawls (28, 56, or 84 per week, depending on the reporting period) during the correct quarters of the day? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Section D (For all broadcasters)

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| Additional DTV On-air Initiatives - Last Quarter | |
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| Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives. | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Comments: WHMB AIRED AN INTERVIEW ON OUR 60-MINUTE PROGRAM, THE HARVEST SHOW, WITH BERNADETTE MCGUIRE-RIVERA REGARDING DTV CONVERSION. SHE IS THE NATIONAL COMMUNICATIONS AND INFORMATION ADMINISTRATION ASSOCIATE ADMINISTRATOR IN CHARGE OF THE CONVERSION'S PUBLIC INFORMATION AND AWARENESS CAMPAIGN. THIS INTERVIEW AIRED AT 9AM AND 8PM ON 4/2/08 AND AT 3AM ON 4/3/08. | |
| Station Website Additional Activity Related to the DTV Transition - Last Quarter | |
| Does your station have a Website? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website. | |
| Comments: WHMB HAS A LINK ON OUR WEBSITE EXPLAINING THE CONVERSION TO DIGITAL, ANSWERING SOME COMMONLY-ASKED QUESTIONS, AS WELL AS A "COUNTDOWN TO DIGITAL", LETTING OUR VIEWERS KNOW HOW LONG THEY HAVE UNTIL THIS CHANGE OCCURS. | |
| Additional DTV Outreach Efforts -- Last Quarter | |
| Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity. | |
| <input type="checkbox"/> Speaking Engagements | |
| Comments: | |
| <input type="checkbox"/> Community Events | |
| Comments: | |
| <input checked="" type="checkbox"/> Other (describe) | |
| Comments: WHMB AIRED A SPECIAL 30-MINUTE DTV VIEWER EDUCATION PROGRAM NUMEROUS TIMES DURING 2ND QUARTER. THE PROGRAM AIRED ON THE FOLLOWING DATES AND TIMES: 5/23 @ 1130PM, 5/24 @ 2PM, 5/25 @ 1PM, 6/1 @ 1AM, 6/11 @ 530AM, 6/13 @ 1130PM, 6/18 @ 530AM, 6/20 @ 1130PM, 6/22 @ 5AM, 6/25 @ 530AM, 6/27 @ 1130PM AND 6/29 @ 830AM. WE VARIED DAYS AND TIMES IN ORDER TO REACH A BROADER AUDIENCE OF OUR VIEWERS. | |
| This comment box may be used to include other comments or information about your station's DTV activity over the last quarter. | |
| Comments: | |

Station Certification

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

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| Typed or Printed Name of Person Signing | Typed or Printed Title of Person Signing KEITH PASSON |
| Signature KEITH PASSON | Date (mm/dd/yyyy) 07/09/2008 |

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washington, D.C. 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995,
P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.**

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Federal Communications Commission

FCC MB - CDBS Electronic Filing

Account number: 854409

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Application Reference Number: 20080710ADD

Successfully filed at Jul 10 2008 11:12AM

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