

# Federal Communications Commission

**FCC MB - CDBS Electronic Filing**  
**Account number: 107538**

**Description: WWMT 388 DTV QUARTERLY REPORT 6/30/2008**  
**Application Reference Number: 20080708AHT**  
**Successfully filed at Jul 8 2008 3:35PM**

**Based on the information supplied, no fee is required.**

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Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (March 2008)		FOR FCC USE ONLY	
<b>FCC 388</b>				FOR COMMISSION USE ONLY	
<b>DTV Quarterly Activity Station Report</b>				FILE NO. -20080708AHT	
Licensee FREEDOM BROADCASTING OF MICHIGAN LICENSEE, L.L.C.					
Call Sign WWMT		Facility Id 74195		Previous Call Sign (if applicable) N/A	
Community of License					
City		State	County	Zip Code	
KALAMAZOO		MI	KALAMAZOO	49008 -	
Nielsen DMA GRAND RAPIDS-KALMZOZ-B.CRK		World Wide Web Home Page Address WWW.WWMT.COM		Licensee Renewal Expiration Date (mm/dd/yyyy) 10/01/2005	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)					
<input checked="" type="checkbox"/> Analog	3				
<input checked="" type="checkbox"/> Digital	2				
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 type="checkbox"/> Option One (A and D) <input checked="" type="checkbox"/> Option Two (B and D) <input type="checkbox"/> Option Three (C and D)					
Over the past quarter, have you fully complied with the requirements of this option?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Simulcasting:</b>					
Are you simulcasting on your Analog channel and your primary Digital stream?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Application Purpose:</b>					
<input checked="" type="checkbox"/> DTV Education Report					
<input type="checkbox"/> Amendment				File Number -	
If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.					

**Section B (For broadcasters electing Option Two)**

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

**Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter**

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	207
Total 5:00 a.m. to 1:00 a.m. CSTs	208

For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?

Total 6:00 a.m. to 9:00 a.m. PSAs	31
Total 6:00 a.m. to 9:00 a.m. CSTs	1

For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?

Total 6:00 p.m. to 11:35 p.m. PSAs	68
Total 6:00 p.m. to 11:35 p.m. CSTs	55

For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m. (must average at least 4 per week)?

Total 5:00 p.m. to 10:35 p.m. PSAs	0
Total 5:00 p.m. to 10:35 p.m. CSTs	0

Comments:

**30 Minute Educational Programs - Last Quarter**

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.	
Total number of 30 Minute Informational Programs	0
Comments:	

**100-Day Countdown Eligible Pieces - Last Quarter**

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?	
0	Graphic Displays
0	Animated Graphics
0	Graphic and Audio Displays
0	Longer Form Reminders
Comments:	

**Section D (For all broadcasters)**

<b>Additional DTV On-air Initiatives - Last Quarter</b>	
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: MORE THAN ONE NEWS STORY AIRED ABOUT DIGITAL CONVERSION IN SECOND QUARTER.	

<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: WE PROVIDED A LINK ON OUR SITE TO A DTV ANSWERS PAGE. VIEWERS CAN ALSO EMAIL US WITH DTV QUESTIONS AT DTV@WWMT.COM.	
<b>Additional DTV Outreach Efforts -- Last Quarter</b>	
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 type="checkbox"/> Other (describe)	
Comments:	
<b>This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.</b>	
Comments:	

<b>Station Certification</b>	
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.	
Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing VICE PRESIDENT AND GENERAL MANAGER
Signature JAMES LUTTON	Date (mm/dd/yyyy) 07/08/2008

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).

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