



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0005944368** | File Number: **CPR-168475** | Submit Date: **04/10/2015** | Call Sign: **WAOE** | Facility ID: **52280** | City: **OSWEGO** | State: **IL**

Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date: **04/10/2015** | Filing Status: **Active**

Report reflects information for : First Quarter of 2015

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type

