



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0023174535** | File Number: **CPR-171310** | Submit Date: **07/09/2015** | Call Sign: **KVAL-TV** | Facility ID: **49766** |

City: **EUGENE** | State: **OR**

Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date:

07/09/2015 | Filing Status: **Active**

Report reflects information for : **Second 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

Contact
Representatives
(0)

Contact Name	Address	Phone	Email	Contact Type
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Sponsored Core
Programming (0)

