



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0001808468** | File Number: **CPR-131738** | Submit Date: **07/09/2012** | Call Sign: **KPXG-TV** | Facility ID: **5801** | City:
SALEM | State: **OR**

Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date:
07/09/2012 | Filing Status: **Active**

Report reflects information for : Second Quarter of 2012

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

