



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0019509470** | File Number: **CPR-174590** | Submit Date: **02/17/2016** | Call Sign: **KGMC** | Facility ID: **23302** | City:
CLOVIS | State: **CA**

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

Status Date: **02/17/2016** | Filing Status: **Active**

Report reflects information for : Third Quarter of 2015

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
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