



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0006281562** | File Number: **0000060079** | Submit Date: **10/01/2018** | Call Sign: **KLSR-TV** | Facility ID: **8322** | City: **EUGENE** | State: **OR**
Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2018** | Filing Status: **Active**

General Information

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

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CALIFORNIA OREGON BROADCASTING, INC.	PATRICIA C. SMULLIN PO Box 1489 MEDFORD, OR 97501 United States	+1 (541) 779-5555	cobiadmin@kobi5.com	COR

Contact Representatives

Information not provided.

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
8257	K19GH-D	EUGENE, ETC.	OR	No
8312	K14MQ-D	COOS BAY	OR	No
8306	K14GW-D	CORVALLIS	OR	No
8316	K33NY-D	ROSEBURG	OR	No
8322	KLSR-TV	EUGENE	OR	No
8302	K32FI-D	YONCALLA	OR	No
8241	KEVU-CD	EUGENE	OR	No
8318	K35MS-D	CANYONVILLE, ETC	OR	No
8246	K30BN-D	COOS BAY	OR	No

Mid-Term Report Questions

Section	Question	Response
Mid-Term Report	Does your station employment unit employ fewer than five full-time employees?	No

Additional Mid-Term Report Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Mark Metzger	General Manager

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information,and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	10/01 /2018
Certified Title	President
Authorized Party Name	Patricia C. Smullin

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Eugene 2017 Public File Report.pdf	Applicant	All Purpose	2017 Public File Report	Done with Virus Scan and/or Conversion
Eugene 2018 Public File Report.pdf	Applicant	All Purpose	2018 Public File Report	Done with Virus Scan and/or Conversion