



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001547462** | File Number: **0000201625** | Submit Date: **10/03/2022** | Call Sign: **KOBI** | Facility ID: **8260** | City: **MEDFORD** | State: **OR**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/03/2022** | Filing Status: **Active**

## General Information

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

## 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

Contact Name	Address	Phone	Email	Contact Type
Kathleen Kirby Wiley Rein LLP	2050 M Street, NW Washington, DC 20036 United States	+1 (202) 719-3360	kkirby@wiley.law	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
8307	K36BX-D	COOS BAY	OR	No
8284	KOTI	KLAMATH FALLS	OR	No
8252	K34OW-D	YREKA	CA	No
8261	K33PM-D	GRANTS PASS	OR	No
8258	K07PZ-D	CAVE JUNCTION	OR	No
8248	K34KJ-D	HARBOR	OR	No
8296	K25OK-D	YONCALLA	OR	No
8309	K32DY-D	MEDFORD	OR	No
8260	KOBI	MEDFORD	OR	No
13070	K13MI-D	CEDAR VALLEY	OR	No

## Program Report Questions

Section	Question	Response
---------	----------	----------

<b>Discrimination Complaints</b>	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
<b>Full-time Employees</b>	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

**Additional Program 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
Bob Wise	Vice President/General Manager, KOB1/KOTI-TV

**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	10/03 /2022
Certified Title	President
Authorized Party Name	Patricia C. Smullin

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">COBI 2021 PFR.pdf</a>	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion
<a href="#">COBI 2022 Public File Report.pdf</a>	Applicant	EEO Public File Report	2022 Public File Report	Done with Virus Scan and/or Conversion
<a href="#">COBI Narrative Statement.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion