

Federal

# (REFERENCE COPY - Not for submission) Communications Commission 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	ction Question	
	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	PATRICIA C.	+1 (541) 779-	cobiadmin@kobi5.	COR
BROADCASTING, INC.	SMULLIN	5555	com	
	PO Box 1489			
	MEDFORD, OR			
	97501			
	United States			

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
	8309	K32DY-D	MEDFORD	OR	No
	8284	КОТІ	KLAMATH FALLS	OR	No
	8252	K34OW-D	YREKA	CA	No
	8307	K36BX-D	COOS BAY	OR	No
	8296	K25OK-D	YONCALLA	OR	No
	8261	K33PM-D	GRANTS PASS	OR	No
	13070	K13MI-D	CEDAR VALLEY	OR	No
	8258	K07PZ-D	CAVE JUNCTION	OR	No
	8260	КОВІ	MEDFORD	OR	No
	8248	K34KJ-D	HARBOR	OR	No

Section

Question

Response

Discrimination Complaints	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	No	
Full-time Employees	of the station(s)? 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, KOBI/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.<br/>R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or<br/>she has read the document; that to the best of his or her knowledge, information, and belief there is good ground<br/>to support it; and that it is not interposed for delay10/03<br/>/2022Certified Date10/03<br/>/2022PresidentAuthorized Party NamePatricia<br/>C.<br/>Smullin

## Attachments

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