

# Federal Communications Commission

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**Account number: 301930**

**Description: KPTV THIRD QUARTER 2008 DTV EDUCATION REPORT**

**Application Reference Number: 20081006AIL**

**Successfully filed at Oct 6 2008 7:42PM**

Based on the information supplied, no fee is required.

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Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-1115 (March 2008)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>		FOR COMMISSION USE ONLY FILE NO. -20081006AIL

Licensee MEREDITH CORPORATION		
Call Sign KPTV	Facility Id 50633	Previous Call Sign (if applicable)
Community of License		
City PORTLAND	State OR	County MULTNOMAH
		Zip Code 97201 -
Nielsen DMA PORTLAND OR	World Wide Web Home Page Address KPTV.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 02/01/2007

Channel Numbers: (Check the Channel Number(s) to which this form applies.)		
<input checked="" type="checkbox"/> Analog	12	
<input checked="" type="checkbox"/> Digital	30	

Report reflects information for quarter ending: 09/30/2008

Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)?  
 Option One (A and D)  Option Two (B and D)  Option Three (C and D)

Over the past quarter, have you fully complied with the requirements of this option?  
 Yes  No

**Simulcasting:**

Are you simulcasting on your Analog channel and your primary Digital stream?  
 Yes  No

**Application Purpose:**

<input checked="" type="radio"/> DTV Education Report	
<input type="radio"/> Amendment	File Number -

If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.

**Section B (For broadcasters electing Option Two)**

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transition-related crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

**Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter**

How many DTV PSAs and CSTs did your station run between 5:00 a.m. and 1:00 a.m. last quarter?	
Total 5:00 a.m. to 1:00 a.m. PSAs	254
Total 5:00 a.m. to 1:00 a.m. CSTs	594
For informational purposes only, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 a.m. to 9:00 a.m.?	
Total 6:00 a.m. to 9:00 a.m. PSAs	11
Total 6:00 a.m. to 9:00 a.m. CSTs	198
For stations located in the Eastern or Pacific Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?	
Total 6:00 p.m. to 11:35 p.m. PSAs	93
Total 6:00 p.m. to 11:35 p.m. CSTs	396

For stations located in the Central or Mountain Time Zone, how many DTV PSAs and CSTs did your station run in the last quarter from 5:00 p.m. to 10:35 p.m.(must average at least 4 per week)?

Total 5:00 p.m. to 10:35 p.m. PSAs

Total 5:00 p.m. to 10:35 p.m. CSTs

Comments:

**30 Minute Educational Programs - Last Quarter**

How many 30 minute, DTV-related informational programs did your station run during the quarter? At least one such program must be run between the hours of 8:00 a.m. and 11:35 p.m., prior to February 17, 2009.

Total number of 30 Minute Informational Programs | 0

Comments:

**100-Day Countdown Eligible Pieces - Last Quarter**

Beginning on November 10, 2008, all stations participating in Option Two will engage in special 100-Day "Countdown to DTV" activities. Stations must execute a minimum of one "Countdown to DTV" on-air activity per day during the 100 days leading up to February 17, 2009. During the last quarter, how many of each eligible 100-Day "Countdown to DTV" pieces did your station run?

0	Graphic Displays
0	Animated Graphics
0	Graphic and Audio Displays
0	Longer Form Reminders

Comments:

**Section D (For all broadcasters)**

**Additional DTV On-air Initiatives - Last Quarter**

Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter?  Yes  No  
The comment box may be used to describe these initiatives.

Comments:

**Station Website Additional Activity Related to the DTV Transition - Last Quarter**

Does your station have a Website?  Yes  No

If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.  Yes  No

Comments:

A LINK TO DIGITAL TV TRANSITION IS FEATURED AS A MAJOR CATEGORY ON THE PRIMARY PAGE OF THE KPTV.COM WEBSITE. THIS LINK LEADS TO A WEBPAGE CONTAINING A COUNTDOWN TO FEB 17, 2009 CLOCK, LINKS TO TEXT EDUCATIONAL PAGES "WHAT IS DIGITAL TV", "YOUR DIGITAL TV DICTIONARY", "LOCAL DTV INFORMATION", "ALL ABOUT HIGH-TECH TV", "DO YOU NEED NEW EQUIPMENT", "TERMS YOU SHOULD KNOW ABOUT DIGITAL TV", "TUNING INTO DIGITAL TV", "YOU MAY NEED NEW KIND OF ANTENNA", "70 MILLION TV SETS COULD LOSE SIGNALS", AND "CONVERTER COUPONS"(CONTAINS A LINK TO THE GOVERNMENT COUPON WEBSITE). THE WEBPAGE ALSO CONTAINS LINKS TO EDUCATIONAL VIDEOS "WILL MY OLD TV SET WORK", "HOW CAN YOU GET CONVERTER COUPONS" AND "THE CASE FOR DIGITAL TV".

**Additional DTV Outreach Efforts -- Last Quarter**

Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.

Speaking Engagements

Comments:

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Community Events

Comments:

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Other (describe)

Comments:

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**This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.**

Comments:

**Station Certification**

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing TRAFFIC MANAGER
Signature MARY WARNER	Date (mm/dd/yyyy) 10/03/2008

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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