

Federal Communications Commission

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Account number: 206571

Description: FORM 388 3RD QTR 2008 DTV EDUCATION REPORT

Application Reference Number: 20081009AFB

Successfully filed at Oct 9 2008 1:21PM

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FCC 388
DTV Quarterly Activity Station Report

Licensee
MALARA BROADCAST GROUP OF FORT WAYNE LICENSEE LLC

Call Sign WPTA	Facility Id 73905	Previous Call Sign (if applicable)
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Community of License			
City	State	County	Zip Code
FORT WAYNE	IN	ALLEN	46808 - 3811

Nielsen DMA FT. WAYNE	World Wide Web Home Page Address WWW.INDIANASNEWSCENTER.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 08/01/2013
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Channel Numbers: (Check the Channel Number(s) to which this form applies.)

<input checked="" type="checkbox"/> Analog	21	
<input checked="" type="checkbox"/> Digital	21	

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	293
Total 5:00 a.m. to 1:00 a.m. CSTs	2535
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	32
Total 6:00 a.m. to 9:00 a.m. CSTs	572
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	57
Total 6:00 p.m. to 11:35 p.m. CSTs	728
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:

DUE TO AN APPARENT ERROR IN THE FORM THAT OVERRIDES THE LICENSEE'S DATA ENTRY, WPTA IN FACT BROADCAST A TOTAL OF 57 PSAS AND 728 CSTS BETWEEN THE HOURS OF 6:00 PM AND 11:35 PM DURING THE THIRD QUARTER.

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

6

Comments:

BROADCAST NAB DTV PROGRAM ON 7/5 @ 530PM, 7/13 @ 530PM, 7/12 @ 530PM, 8/10 @ 3PM, 8/17 @ 3P AND 9/6 @ 710P. ADDITIONAL AIRINGS ALSO RAN ON 9/6 @ 4A, 9/13 @ 4A AND 9/20 @ 4A.

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? The comment box may be used to describe these initiatives.

Yes No

Comments:

BROADCAST CHANNEL WPTA AIRED THE FOLLOWING NEWS REPORTS ON 7/22 @ 5P REPORT RUNTIME 1:30 ON THE SUBJECT OF DIGITAL TV, 7/22 @ 6P REPORT RUNTIME 2:00 ON THE SUBJECT OF DTV TRANSITION, 7/22 @ 11P REPORT RUNTIME :45 ON THE SUBJECT OF DIGITAL TV, AND 8/15 @ 5P REPORT RUNTIME 1:55 ON THE SUBJECT OF DIGITAL TV. WPTA MULTICAST CHANNEL 21.2 BROADCAST THE FOLLOWING PSA: 5A-1A/992, 6A-9A/231, 6P-1135P/329. WPTA MULTICAST CHANNEL 21.2 BROADCAST THE FOLLOWING CST: 5A-1A/1161, 6A-9A/26 AND 6P-1135P/550. WPTA BROADCAST CHANNEL 21.2 AIRED THE FOLLOWING NEWS REPORT ON 7/22 @ 10P RUNTIME :44 ON THE SUBJECT OF DIGITAL TV.

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 ON THE WEBSITE TO "HDTV FAQ" AND ON THE WEBSITE HOMEPAGE A PICTURE OF AN OLD TELEVISION SET WITH THE TITLE, "DIGITAL TELEVISION: TOMORROWS TV TODAY, CLICK HERE FOR DETAILS" LINK, WHICH DIRECTS INDIVIDUALS TO WWW.DTV.GOV.

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:

Community Events

Comments:

Other (describe)

Comments:

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

STATION MANAGER

Signature

DOUGLAS BARROW

Date (mm/dd/yyyy)

10/09/2008

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