

# **Federal Communications Commission**

**FCC MB - CDBS Electronic Filing  
Account number: 314425**

**Description: 1QTR09 DTV ACTIVITY REPORT  
Application Reference Number: 20090409ADV  
Successfully filed at Apr 9 2009 12:09PM**

**Based on the information supplied, no fee is required.**

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (February 2009)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>			FOR COMMISSION USE ONLY FILE NO. -20090409ADV
Licensee WDTN BROADCASTING, LLC			
Call Sign WDTN	Facility Id 65690	Previous Call Sign (if applicable)	
Community of License			
City DAYTON	State OH	County MONTGOMERY	Zip Code 45439 -
Nielsen DMA DAYTON	World Wide Web Home Page Address WWW.WDTN.COM	Licensee Renewal Expiration Date (mm/dd/yyyy) 10/01/2013	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input checked="" type="checkbox"/> Analog	2		
<input checked="" type="checkbox"/> Digital	50		
Report reflects information for quarter ending: 03/31/2009			
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input type="radio"/> Option One (A and D) <input checked="" type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)			
Over the past quarter, have you fully complied with the requirements of this option?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Simulcasting:</b>			
Are you simulcasting on your Analog channel and your primary Digital stream?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Application Purpose:</b>			
<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	287
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Total 5:00 a.m. to 1:00 a.m. CSTs	363
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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	21
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Total 6:00 a.m. to 9:00 a.m. CSTs	47
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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	75
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Total 6:00 p.m. to 11:35 p.m. CSTs	97
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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	
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Total 5:00 p.m. to 10:35 p.m. CSTs	
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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 June 12, 2009.

Total number of 30 Minute Informational Programs	0
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Comments:

### 100-Day Countdown - Last Quarter

All stations participating in Option Two must air a minimum of one "Countdown To DTV" per day during certain periods. Due to the delay in the DTV deadline, the revision of the countdown rules, and differing analog termination dates, not every station was required to air the "Countdown To DTV" the same number of times during the first quarter of 2009. Below, list the actual number of days on which your station aired any eligible "Countdown to DTV," and, in the Comments field, briefly explain how this number of days was calculated.

0	<i>Graphic Displays</i>
0	<i>Animated Graphics</i>
121	<i>Graphic and Audio Displays</i>
98	<i>Longer Form Reminders</i>

## Comments:

BASED ON PRIOR 388 FILINGS, LICENSEE CALCULATED THE NUMBER OF PIECES RATHER THAN THE NUMBER OF DAYS. SUCH CALCULATION IS INCLUDED ABOVE.

**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:

NEWS STORIES REGARDING THE DTV TRANSITION AIRED AND VIEWERS WERE EDUCATED ABOUT THE CONVERTER BOX PROGRAM AND WERE DIRECTED TO THE WDTN WEBSITE.

**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:

OUR STATION POSTED DTV TERMS & CONDITIONS, FAQs, TOPICS SUCH AS "HOW DO I GET DTV OR HDTV?" "WHY ARE WE SWITCHING TO DTV?" "DO I ALREADY HAVE DTV VIA DIGITAL CABLE OR SATELLITE?" "WHAT IS THE FEBRUARY 17TH 2009 DTV DEADLINE DATE?" "WHAT IS DIGITAL TELEVISION (DTV)?" IS HDTV THE SAME THING AS DTV?" "COMPARING TV TYPES" "THE NTIA CONVERTER BOX COUPON PROGRAM"

**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:

SOFT TEST DONE ON JANUARY 15, 2009 FROM 7:31-7:36 P.M.

**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 ASSISTANT SECRETARY OF MANAGING MEMBER
Signature JEAN W. BENZ	Date (mm/dd/yyyy) 04/09/2009

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