**FCC 388**

**DTV Quarterly Activity Station Report**

**Licensee**
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

**Call Sign**
KCSM-TV

**Facility Id**
58912

**Previous Call Sign (if applicable)**

**Community of License**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN MATEO</td>
<td>CA</td>
<td>SAN MATEO</td>
<td>94402</td>
</tr>
</tbody>
</table>

**Nielsen DMA**
SAN FRANCISCO-OAK-SAN JOSE

**World Wide Web Home Page Address**
WWW.KCSM.ORG

**Licensee Renewal Expiration Date (mm/dd/yyyy)**
12/01/2006

**Channel Numbers: (Check the Channel Number(s) to which this form applies.)**

<table>
<thead>
<tr>
<th>Channel Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analog</td>
<td>60</td>
</tr>
<tr>
<td>Digital</td>
<td>43</td>
</tr>
</tbody>
</table>

**Report reflects information for quarter ending: 12/31/2008**

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:**

- DTV Education Report
- Amendment

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

**Section C (For Noncommercial broadcasters only)**

On its analog channel, and its primary digital stream, a station must air 60 seconds per day of on-air consumer education, in variable timeslots, including at least 7.5 minutes per month between 6 pm and 12 am. Beginning May 1, 2008, this requirement doubles, and beginning November 1, 2008, it increases again, to 180 seconds per day and 22.5 minutes per month between 6 pm and midnight. It must also run one 30 minute transition education piece once (See rules for additional details).

Have you aired a sufficient amount of consumer education (60, 120, or 180 seconds per day, depending on the date) during each day this quarter?

- Yes
- No

**30 Minute Educational Programs - Last Quarter**
How many 30 minute, DTV-related informational programs did your station run during the quarter? The
**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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments:**

KCSM PARTICIPATED IN THE COORDINATED "SOFT SHUTDOWNS" IN THE SAN FRANCISCO BAY AREA ON THE FOLLOWING DATES:

- 10/21/2008
- 12/02/2008

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

Does your station have a Website?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments:**

LINKS TO THE FOLLOWING SITES:

- drvanswers.com
- www.dtv.gov
- email link to KCSM Engineering Department

### 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:**

OCTOBER 21, 2008: PRESENTATION AT THE MILLBRAE WOMEN'S CLUB

#### Community Events

**Comments:**

#### Other (describe)

**Comments:**

This comment box may be used to include other comments or information about your station's DTV transition.
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.

<table>
<thead>
<tr>
<th>Typed or Printed Name of Person Signing</th>
<th>Typed or Printed Title of Person Signing</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHELE I. MULLER</td>
<td>DIRECTOR OF ENGINEERING</td>
</tr>
</tbody>
</table>

Signature
MICHELE I. MULLER

Date (mm/dd/yyyy)
01/09/2009

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).