

(DRAFT COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0005058995** File Number:

Submit Date: 09/08/2021 | Call Sign: KMXT | Facility ID: 35339 | City:

KODIAK State: AK

Service: Full Power FM Purpose: EEO Report Status: Saved Status Date: 09/08/2021 Filing Status: Active

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	Kodiak Public Broadcasting Corporation - Broadcast Equal Employment Opportunity Program Repor
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
Kodiak Public Broadcasting Corporation	Mike Wall	+1 (907) 486-	gm@kmxt.	Company
Doing Business As: Kodiak Public Broadcasting	620 EGAN WAY	3181	org	
Corporation	KODIAK, AK		10.00	
	99615			
	United States			

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Brad Deutsch Counsel Foster Garvey P.C.	Brad C Deutsch 1000 Potomac St., NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

Common **Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement	
35339	KMXT	KODIAK	AK	No	
171986	KODK	KODIAK	AK	No	

Program Report Questions

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 of the station(s)?	No
Full-time Employees	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
Mike Wall	General Manager

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. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay

Certified Date

Certified Title

Authorized Party Name

No Attachments.

Attachments