

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0028566842
 File Number:
 0000100888
 Submit Date:
 01/28/2020
 Call Sign:
 KLAA-FM
 Facility ID:
 8166
 City:

 TIOGA
 State:
 LA

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status: Date:
 01/28/2020
 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.	KBKK KEZP KLAA KEDG EEO Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SMG-ALEXANDRIA, LLC Doing Business As: SMG- ALEXANDRIA, LLC	2448 E. 81ST STREET SUITE 5500 TULSA, OK 74137 United States	+1 (918) 492- 2660	david.stephens@smgok. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	JOSEPH C. CHAUTIN, III HARDY, CAREY, CHAUTIN & BALKIN, LLP	1080 WEST CAUSEWAY APPROACH MANDEVILLE, LA 70471 United States	+1 (985) 629-0777	JCHAUTIN@HARDYCAREY. COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
8166	KLAA-FM	TIOGA	LA	No
86925	KEDG	ALEXANDRIA	LA	Yes
51078	KEZP	BUNKIE	LA	No
86913	KBKK	BALL	LA	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	Name				Title		
	David Stephens	David Stephens 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					01/28 /2020		
	Certified Title							
	Authorized Party Name							
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status			
	SMG Alexandria EEO PF Report (7-1-	Applicant	EEO Public	EEO PF Report (7-1-	Done with Virus	Scan and		

<u>19 - 1-31-20).pdf</u>

SMG-Alexandria EEO Report

(narrative statement).pdf

19 to 1-31-20)

**SEU** Narrative

Statement

/or Conversion

/or Conversion

Done with Virus Scan and

File Report

Narrative

Statement

Applicant