

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

Facility ID: 19560 FRN: 0030479497 File Number: 0000104460 Submit Date: 01/31/2020 Call Sign: KVKI-FM City: SHREVEPORT State: LA Status Date: 01/31/2020 Service: Full Power FM Purpose: EEO Report Status: Received 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.	Shreveport 2020 EEO Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TOWNSQUARE MEDIA SHREVEPORT LICENSE, LLC Doing Business As: TOWNSQUARE MEDIA SHREVEPORT LICENSE, LLC	1 MANHATTANVILLE ROAD, SUITE 202 PURCHASE, NY 10577 United States	+1 (203) 861-0900	Christopher. Kitchen@townsquaremedia. com	LLC

Contact Name	Address	Phone	Email	Contact Type
Howard M. Liberman Counsel Wilkinson Barker Knauer, LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 383- 3373	hliberman@wbklaw. com	Legal Representative

Common **Stations**

Contact Represe

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
46983	KEEL	SHREVEPORT	LA	No
60265	KRUF	SHREVEPORT	LA	No
60266	КШКН	SHREVEPORT	LA	No
19560	KVKI-FM	SHREVEPORT	LA	No
46982	KXKS-FM	SHREVEPORT	LA	No
35688	KTUX	CARTHAGE	ТΧ	No

Program Report	Section	Question	Response	
Questions	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	full-time employ	vees? Conside	nt unit employ fewe er as "full-time" emp 0 or more hours a v	oloyees all	No	
Additional Program Report Questions	Responsibility for Imple A broadcast station must ass official's name and title are:		al overall resp	oonsibility for equal	employment op	oportunity at the s	station. That
	Name	Name Title					
	Rebecca McElwee		Regional	Business Manage	r		
Certification	Question						Response
	partner, trustee, authorized authorized to sign on behalf Commission under 47 C.F.F who further certifies that he	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						01/31/2020
	Certified Title						Executive Vice President and General Counsel
	Authorized Party Name						Christopher Kitchen
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload Status	
	Shreveport EEO Narrative	Statement.pdf	Applicant	Narrative Statement	EEO Narrative	Done with Virus /or Conversion	
	shreveport-la-eeo-report-1-3	<u>31-19-20190131-</u>	Applicant	EEO Public File Report		Done with Virus /or Conversion	

Applicant

EEO Public File

Report

Done with Virus Scan and

/or Conversion

shreveport-la-eeo-report-1-31-20-20200121-

<u>185539215-pdf.pdf</u>