

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0017317371** | File Number: **0000097168** | Submit Date: **01/14/2020** | Call Sign: **KAMS** | Facility ID: **51107** | City: **MAMMOTH SPRING** | State: **AR**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/14/2020** | 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.	EEO 396 KAMS
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
E-COMMUNICATIONS, LLC Doing Business As: E-COMMUNICATIONS, LLC	2606 W Hwy THAYER, MO 65791 United States	+1 (417) 264- 7211	ECKMAN@CENTURYTEL. NET	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
MELODIE A. VIRTUE, ESQ. Virtue	1000 POTOMAC STREET, N.W.	+1 (202) 965- 7880	MVIRTUE@GSBLAW. COM	Legal Representative
GARVEY SCHUBERT BARER	5TH FLOOR WASHINGTON, DC 20007 United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
51107	KAMS	MAMMOTH SPRING	AR	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
Timothy David Eckman	Owner/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	01/14 /2020
Certified Title	Owner /Managing Member /CEO
Authorized Party Name	Robert Carl Eckman

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Report for FCC for 2018.doc.docx	Applicant	EEO Public File Report	EEO Report KAMS-FM 2018	Done with Virus Scan and/or Conversion
EEO Report for FCC for 2019.docx	Applicant	EEO Public File Report	EEO Report KAMS-FM 2019	Done with Virus Scan and/or Conversion
Exhibit (Narrative Statement).docx	Applicant	Narrative Statement	Exhibit (Narrative Statement) KAMS-FM	Done with Virus Scan and/or Conversion