

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0034205005** | File Number: **0000128125** | Submit Date: **11/30/2020** | Call Sign: **KWLM** | Facility ID: **36377** | City: **WILLMAR** | State: **MN**

Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/30/2020** | 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.	Lakeland EEO Program Report
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
LAKELAND BROADCASTING COMPANY Doing Business As: LAKELAND BROADCASTING COMPANY	P. O. BOX 838 WILLMAR, MN 56201 United States	+1 (320) 235-1340	slinder@kwlm.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Kathleen Victory FCC Counsel Fletcher Heald & Hildreth, PLC	1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0400	victory@fhhlaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
50285	KOLV	OLIVIA	MN	Yes
85513	KLFN	SUNBURG	MN	No
36377	KWLM	WILLMAR	MN	No
36378	KQIC	WILLMAR	MN	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
Mary Overman	Business 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	11/30 /2020
Certified Title	President
Authorized Party Name	Steven W. Linder

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Lakeland 2018-2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus Scan and /or Conversion
Lakeland 2019-2020 EEO Public File Report.pdf	Applicant	EEO Public File Report	2019-2020 Public File Report	Done with Virus Scan and /or Conversion
Lakeland EEO Program Report Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion