

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003742756** | File Number: **0000154525** | Submit Date: **07/29/2021** | Call Sign: **KHSU** | Facility ID: **28111** | City: **ARCATA** | State: **CA**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/29/2021** | 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.	Humboldt State EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information
Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HUMBOLDT STATE UNIVERSITY	1 HARPST STREET ARCATA, CA 95521 United States	+1 (707) 826-5200	frank@humboldt.edu	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Derek Teslik Gray Miller Persh LLP	2233 Wisconsin Avenue, NW Ste. 226 Washington, DC 20007 United States	+1 (202) 559- 7489	dteslik@graymillerpersh. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
172798	KHSF	FERNDALE	CA	No
28112	KHSR	CRESCENT CITY	CA	No
184514	KHSM	MCKINLEYVILLE	CA	No
28111	KHSU	ARCATA	CA	No
172843	KHSG	GARBERVILLE	CA	No
164090	KHSQ	TRINIDAD	CA	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?	Yes
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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	07/29 /2021
Certified Title	University Counsel
Authorized Party Name	Catherine Barrad

Attachments

No Attachments.