

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

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FRN: 0015450968		ile Number: 0000158768	Submit Date: 09/08/2	2021 Call Sign: KSPO	Facility ID: 31495 City:
DISHMAN State: WA					
Service: Full F	Power FM	Purpose: EEO Report	Status: Received	Status Date: 09/08/2021	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.	Liberty Broadcasting 2021 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
LIBERTY BROADCASTING SYSTEM, LLC	Thomas W. Read PO Box 31000 SPOKANE, WA 99223 United States	+1 (509) 443- 1000	tomread@tomread. info	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Mary O'Connor WILKINSON BARKER KNAUER, LLP	Mary O'Connor 1800 M Street NW Suite 800N Washington, DC 20036 United States	+1 (202) 383- 3351	moconnor@wbklaw. com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	53148	KFIO	DISHMAN	WA	No
	31495	KSPO	DISHMAN	WA	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

Cer	tific	ation

Question

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 delay09/08

	/2021
Certified Title	Member
Authorized Party Name	Thomas W. Read

Attachments

No Attachments.