

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003749868** File Number: **0000129220** Submit Date: **12/02/2020** Call Sign: **KXGN** Facility ID: **24285** City:

GLENDIVE State: MT

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 12/02/2020 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 Report for License Renewal
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
GLENDIVE BROADCASTING CORP.	210 SOUTH DOUGLAS GLENDIVE, MT 59330 United States	+1 (406) 377-3377	Paul@kxgn.com	COR

### **Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
David D. Oxenford Wilkinson Barker Knauer, LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 783- 4141	doxenford@wbklaw. com	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
24285	KXGN	GLENDIVE	MT	No
24287	KXGN-TV	GLENDIVE	MT	No
39610	KDZN	GLENDIVE	MT	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

#### **Responsibility for Implementation**

## Program Report Questions

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
Paul Sturlaugson	Vice President/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	12/02 /2020
Certified Title	President
Authorized Party Name	Stephen A Marks

#### **Attachments**

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