

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005014212
 File Number:
 0000131140
 Submit Date:
 01/13/2021
 Call Sign:
 KCCV
 Facility ID:
 6491
 City:

 OVERLAND PARK
 State:
 KS

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 01/13/2021
 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.	KCCV/KCCV-FM EEO Program Report (2020)	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BOTT BROADCASTING COMPANY Doing Business As: BOTT BROADCASTING COMPANY	10550 BARKLEY ST. SUITE 100 OVERLAND PARK, KS 66212 United States	+1 (913) 642-7770	FCCContact@bottradionetwork. com	COR

Contact Representatives	Contact Name		Address		Phone		Email		Contact Type
	JEREMY D RUCK , PE . CONSULTIN ENGINEER Jeremy Ruck & Associates, Inc.		PO Box 415 CANTON, IL 61520 United States		+1 (309) 647- 1200		jeremy@jeremyruck. com		Technical Representative
	KATHLEEN VICTORY FCC COUNSEL FLETCHER, HEALD & HILDRETH, PLC		1300 NORTH 17TH STREET SUITE 1100 ARLINGTON, VA 22209 United States		+1 (703) 8 <sup>,</sup> 0473	312- VICTORY@FFHLAW COM		RY@FFHLAW	/. Legal Representative
Common Stations	Facility Identifier	Call Si	ign	City		Stat	e Tir	me Brokerage	e Agreement
	6491	KCCV	,	OVERLAND P	ARK	KS	N	0	
	6492	KCCV	-FM	OLATHE		KS	N	0	
Program Report Questions	Section	Q	uestion					Resp	onse
	Discrimination Complai	ti ju a	his license urisdiction	bending or resolve term before any under federal, st lawful discrimination(s)?	body having ate, territorial	compe or loc	etent al law,		

	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?	S				
Certification	Question	Question					
	trustee, authorized employed behalf of the party filing the R. Section 1.23(a), who is a she has read the document	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		01/13 /2021				
	Certified Title		Vice President				
	Authorized Party Name		Richard P. Bott , II .				

Attachments

No Attachments.