

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 00015450	6 07 Fi	le Number: 0000140958	Submit Date: 03/24/	2021 Call Sign: KTXB	Facility ID: 20942 City:
BEAUMONT	State: T	X			
Service: Full Pov	wer FM	Purpose: EEO Report	Status: Received	Status Date: 03/24/2021	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.	KTXB Schedule 396 Renewal EEO Program Report 2021
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
FAMILY STATIONS, INC.	JENNIFER D. BURKHISER 112 NORTH ELM STREET SHENANDOAH, IA 51601 United States	+1 (712) 246- 5151	JBURKHISER@FAMILYRADIO. ORG	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	MATTHEW H. MCCORMICK ESQ. FLETCHER, HEALD & HILDRETH, P.L.C.	MATTHEW H. MCCORMICK, ESQ. 1300 NORTH 17TH STREET, 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0438	MCCORMICK@FHHLAW. COM	Legal Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	20942	KTXB	BEAUMONT	ТХ	No

Program Report	Section	Question	Response
Questions	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

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	03/24/2021
	Certified Title	PRESIDENT
	Authorized Party Name	THOMAS EVANS

Attachments

No Attachments.