

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003725413** | File Number: **0000154342** | Submit Date: **07/28/2021** | Call Sign: **KHTI** | Facility ID: **2398** | City: **LAKE ARROWHEAD** | State: **CA**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **07/28/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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 Program Report for KATY-FM and KHTI(FM)
<b>Attachments</b>	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
<b>ALL PRO BROADCASTING, INC.</b> Doing Business As: ALL PRO BROADCASTING, INC.	6133 Bristol Parkway Suite 220 CULVER CITY, CA 90230 United States	+1 (310) 568-1790	jo@hot1039.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Nancy A Ory Member Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 20036 United States	+1 (202) 416-6791	NORY@LERMANSENTER.COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
33611	KATY-FM	IDYLLWILD	CA	No
2398	KHTI	LAKE ARROWHEAD	CA	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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

**Additional  
Program Report  
Questions**

**Responsibility for Implementation**

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
Jo McNorton	Business 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	07/28 /2021
Certified Title	President
Authorized Party Name	William Duane Davis

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO Narrative Exhibit.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
<a href="#">KATY and KHTI EEO PFR 2019-2020.pdf</a>	Applicant	EEO Public File Report	2019-2020 EEO PFR	Done with Virus Scan and/or Conversion
<a href="#">KATY and KHTI EEO PFR 2020-2021.pdf</a>	Applicant	EEO Public File Report	2020-2021 EEO PFR	Done with Virus Scan and/or Conversion