

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0022473359
 File Number:
 0000100540
 Submit Date:
 01/27/2020
 Call Sign:
 KFSW
 Facility ID:
 87114
 City:

 FT.
 SMITH
 State:
 AR

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/27/2020
 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.	2020 Renewal EEO Report for KFSW
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
G2 MEDIA GROUP LLC Doing Business As: G2 MEDIA GROUP LLC	P.O BOX 428 SALLISAW, OK 74955 United States	+1 (918) 775- 1008	phhcare@yahoo. com	LLC

Contact	ntact Name	Address	Phone	Email	Contact Type
, Es Atto	isq torney lan G. Moskowitz,	ALLAN G. G. Moskowitz PO Box 20878 NORTH POTOMAC, MD 20878 United States	+1 (301) 908- 4165	AMOSKOWITZ@AMOSKOWITZLAW. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	189538	КХМХ	MULDROW	OK	No
	87114	KFSW	FT. SMITH	AR	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

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	Title	
	Darren Girdner	Member		
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			
	Certified Title			
	Authorized Party Name			

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
KFSW 2018-2019 EEO	Applicant	Narrative	KFSW 2018-2019 EEO	Done with Virus Scan and/or
Outreach.pdf		Statement	Outreach	Conversion
KFSW 2018-2019 EEO Report.pdf	Applicant	EEO Public File Report	2018-2019 EEO Report	Done with Virus Scan and/or Conversion
KFSW 2019-20 EEO	Applicant	Narrative	KFSW 2019-2020 EEO	Done with Virus Scan and/or
Outreach.pdf		Statement	Outreach	Conversion
KFSW 2019-20 EEO Report.	Applicant	EEO Public File	KFSW 2019-2020 EEO	Done with Virus Scan and/or
pdf		Report	Report	Conversion