## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005014162
 File Number:
 0000098843
 Submit Date:
 01/21/2020
 Call Sign:
 KAOW
 Facility ID:
 1617
 City:

 FORT SMITH
 State:
 AR

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 01/21/2020
 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.	KAOW 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
<b>COMMUNITY BROADCASTING, INC.</b> Doing Business As: COMMUNITY BROADCASTING, INC.	10550 BARKLEY SUITE 100 OVERLAND PARK, KS 66212 United States	+1 (913) 642- 7770	rbott@bottradionetwork. com	COR

alleging unlawful discrimination in the employment practices

Contact Representatives	Contact Name	Address		Phone	Email		Contact Type
	JEREMY D. RUCK , PE . CONSULTING ENGINEER JEREMY RUCK & ASSOCIATES, INC.	P.O. BO CANTON United S	I, IL 61520	+1 (309) 64 1200	7- JEREM COM	IY@JEREMYRUCK.	Technical Representative
	KATHLEEN VICTORY VICTORY	1300 NO STREET	RTH 17TH	+1 (703) 81 0473	2- VICTO COM	RY@FHHLAW.	Legal Representative
	FCC COUNSEL	SUITE 1					
	FLETCHER, HEALD & HILDRETH, PLC	ARLING <sup>-</sup> 22209	ΓΟΝ, VA				
	nildketn, Plo	United S	tates				
Common Stations	Facility Identifier	Call Sign	City	S	tate Tin	ne Brokerage Agree	ement
	1617	KAOW	FORT SMIT	н /	AR No		
Program Report Questions	Section	Question				Respons	e
	Discrimination Complaints	this license	ending or resol term before an under federal, s	y body having	g competent	_	

of the station(s)?

	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	Question				
	partner, trustee, authorized e authorized to sign on behalf o Commission under 47 C.F.R. who further certifies that he o	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		RICHARD P BOTT , II			

Attachments

No Attachments.