

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0023600190 F	ile Number: 0000127279	Submit Date: 11/25/20	20 Call Sign: KJAM	Facility ID: 39580 City:
MADISON State: SD				
Service: Full Power AM	Purpose: EEO Report	Status: Received	Status Date: 11/25/2020	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 Madison, SD EEO SEU Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
ALPHA 3E LICENSEE LLC	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517- 6200	john.grossi@alphamediausa. com	LLC

Contact Representatives	Contact Name	Address	Phone		Email	Contact Type
	Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-33	360	kkirby@wiley.law	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage	Agreement
	39580	KJAM	MADISON	SD	No	
	39578	KJAM-FM	MADISON	SD	No	

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?	Νο

Program Report

Questions

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				
	Peg Roehrich	Market Manager			
Certification	Question		Response		
	The undersigned certifies that he or she is (a) the party is trustee, authorized employee, or other individual or duly behalf of the party filing the report; or (b) an attorney qua R. Section 1.23(a), who is authorized to represent the pa she has read the document; that to the best of his or her to support it; and that it is not interposed for delay	elected or appointed official who is authorized to sign on alified to practice before the Commission under 47 C.F. arty filing the report, and who further certifies that he or			
	Certified Date				
	Certified Title				
	Authorized Party Name		John Grossi		

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019 Madison SD PFR.	Applicant	EEO Public File	2019 Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
2020 Madison SD PFR.	Applicant	EEO Public File	2020 Public File	Done with Virus Scan and/or
pdf		Report	Report	Conversion
Madison Narrative.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion