

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

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FRN: <b>00304</b>	79497 Fi	ile Number: 0000133925	Submit Date: 01/29/2	021 Call Sign: KLAW	Facility ID: 35045 City:
LAWTON	State: OK				
Service: Full	Power FM	Purpose: EEO Report	Status: Received	Status Date: 01/29/2021	Filing Status: Active

General	Section	Question	Response
Information	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.	EEO Renewal Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
TOWNSQUARE MEDIA LAWTON LICENSE, LLC	1 MANHATTANVILLE ROAD SUITE 202 PURCHASE, NY 10577 United States	+1 (203) 861-0900	christopher. kitchen@townsquaremedia. com	LLC

alleging unlawful discrimination in the employment practices

Contact Representatives	<b>Contact Name</b> Howard M. Liberman Wilkinson Barker Knauer, LLP	Address 1800 M Street, I Suite 800N Washington, DC 20036 United States	3373	2) 383-	Email hliberman@wbkl com	Contact Type aw. Legal Representative
Common Stations	Facility Identifier         12791       35045	Call Sign KZCD KLAW	City LAWTON LAWTON	State OK OK	Time Brokerage No No	e Agreement
Program Report	2894 Section	KVRW Question	LAWTON	ОК	No	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,				No

of the station(s)?

	Full-time Employees	Does your station employment unit employ fewer than five N full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	0				
Additional Program Report Questions	<b>Responsibility for Implementation</b> 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					
	Michelle Anders	Market Accounting Manager					
Certification	Question						
	partner, trustee, authorized authorized to sign on beha Commission under 47 C.F. who further certifies that he	hat he or she is (a) the party filing the report, or an officer, director, men I employee, or other individual or duly elected or appointed official who i If of the party filing the report; or (b) an attorney qualified to practice before R. Section 1.23(a), who is authorized to represent the party filing the reports or she has read the document; that to the best of his or her knowledge is good ground to support it; and that it is not interposed for delay	s ore the port, and				
	Certified Date						
	Certified Title		Executive Vice President and General Counsel				
	Authorized Party Name						
Attachments		Uploaded Attachment					

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Narrative Statement.pdf	Applicant	Narrative Statement	Narrative	Done with Virus Scan and /or Conversion
eeo-public-file-report-2021-20210128-	Applicant	EEO Public	2021 EEO Pubic	Done with Virus Scan and
145432102-pdf.pdf		File Report	File Report	/or Conversion
lawton-eeo-public-file-report-2020-	Applicant	EEO Public	2020 EEO Public	Done with Virus Scan and
20200123-152011348-pdf.pdf		File Report	File Report	/or Conversion