No Attachments.

Attachments

(REFERENCE COPY - Not for submission) Broadcast Equal Employment Opportunity Program Report

FRN: 0003748308	File Number: 0000133780	Submit Date: 01/29/202 1	Call Sign: KBTL	Facility ID: 83259 City:
EL DORADO	State: KS			
Service: Full Power	r FM Purpose: EEO Repo	ort Status: Received	Status Date: 01/29/20	21 Filing Status: Active

General	Section	Section Question				Respons	Response			
Information	Application Description	Application visible only to y			the application (255 characters max.) is you and is not part of the submitted will be displayed in your Applications					
	Attachments	Are attachmen filed with this	`	associated s	chedules) being	No				
Licensee	Licensee Name, Type	Licensee Name, Type and Contact Information								
Information	Applicant	Applicant		ess Phone		Email	Applicant Type			
			901 S. HAV ROAD	VERHILL						
	BUTLER COUNTY (COLLEGE	COMMUNITY	EL DORAI 67042	DO, KS	+1 (316) 322- 3194	kwest6@b edu	utlercc. GOE			
			United Stat	es						
Contact	Contact Name	Address	P	Phone	Email		Contact Type			
Representatives	Howard M. Liberman Counsel Wilkinson Barker Knau LLP Facility Identifier Cal	Suite 800N Washington 20036 United State I Sign City	Washington, DC 20036 United States City State Time Brokerage Agreement		®wbklaw.	wbklaw. Legal Representative				
Stations	83259 KB'	ΓL EL DORAD	EL DORADO KS No							
Stations	Section Program Report	Question				Respons	e			
	Questions Discrimination Complaints	during this lice competent juri local law, alleg	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)?							
	Full-time Employees	five full-time employees all	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?							
Certification	partner, trustee, authorical authorized to sign on be Commission under 47 (and who further certifical information, and belief and Certified Date Certified Title	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						Kimberly Krull			