

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0024639312** | File Number: **0000134472** | Submit Date: **02/01/2021** | Call Sign: **KXTD** | Facility ID: **61985** | City:
WAGONER | State: **OK**
Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **02/01/2021** | 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.	Key Plus Broadcasting EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KEY PLUS BROADCASTING, LLC Doing Business As: KEY PLUS BROADCASTING, LLC	Jose Esteban Torres 1920 S. MEMORIAL DRIVE TULSA, OK 74112 United States	+1 (918) 406-1683	jet@keyplusproperties.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
LAWRENCE BERNSTEIN Attorney LAW OFFICES OF LAWRENCE BERNSTEIN	3510 SPRINGLAND LN NW WASHINGTON, DC 20008 United States	+1 (202) 296-1800	LAWBERNS@VERIZON.NET	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
64514	KCXR	TAFT	OK	No
41636	KTFR	CHELSEA	OK	No
35973	KEMX	LOCUST GROVE	OK	No
61985	KXTD	WAGONER	OK	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?	Yes
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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	02/01 /2021
Certified Title	Manager
Authorized Party Name	Jose Esteban Torres

Attachments

No Attachments.