

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 001946	5 8750 F	ile Number: 0000144455	Submit Date: 05/03/2	2021 Call Sign: KTKO	Facility ID: 74442 City:
BEEVILLE	State: TX				
Service: Full F	ower FM	Purpose: EEO Report	Status: Received	Status Date: 05/03/2021	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.	KTKO EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BEEVILLE INVESTMENTS, LLC Doing Business As: BEEVILLE INVESTMENTS, LLC	2300 S. WASHINGTON STREET BEEVILLE, TX 78102 United States	+1 (361) 358- 1490	apilgrim1961@yahoo. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Anne Goodwin Crump FLETCHER, HEALD & HILDRETH, P.L.C.	1300 N. 17TH STREET ELEVENTH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0400	CRUMP@FHHLAW. COM	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	74442	КТКО	BEEVILLE	тх	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

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	05/03 /2021
Certified Title	Member
Authorized Party Name	Alan Pilgrim

Attachments

No Attachments.