

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

55492

FRN: 000628	81968 Fi	ile Number: 0000146657	Submit Date: 05/24/	2021 Call Sign: KNKK	Facility ID: 78087 City:
NEEDLES	State: CA				
Service: Full F	Power FM	Purpose: EEO Report	Status: Received	Status Date: 05/24/2021	Filing Status: Inactive

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.	EEO Report Cameron Broadcasting KNKK, KLUK, KFLG-FM, KZZZ, KFLG, KAAA
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
CAMERON BROADCASTING, INC. Doing Business As: CAMERON BROADCASTING, INC.	William J. Jaeger 2350 Miracle Mile Road Suite 300 BULLHEAD CITY, AZ 86442 United States	+1 (928) 763- 5586	billyw@mediagroup05. com	COR

Contact Representatives	Contact Name	Address	Phone	Email		Contact Type
	John Burgett Legal Counsel WILEY REIN LLP	John Burgett 1776 K Street N. W. Washington, DC 2000 United States	+1 (202) 719-4239	JBURGET	T@Wiley.law	Legal Representative
	Gene Wisniewski Consulting Engineer GeneW2012	Gene Wisniewski 1472 E 3100 S Wendell, ID 83355 United States	+1 (208) 733-3551	genew201	2@gmail.com	Technical Representative
Common	Facility Identifier	Call Sign C	Sity	State	Time Broker	age Agreement
Stations	8387	KZZZ	BULLHEAD CITY	AZ	No	
	78087	KNKK	NEEDLES	CA	No	
	65676	KFLG	BULLHEAD CITY	AZ	No	
	8385	KLUK	NEEDLES	CA	No	
	55495	KFLG-FM	BIG RIVER	CA	No	

KINGMAN

ΑZ

No

KAAA

Program Report Questions	Section	Question		Response	
	Discrimination Complaints	ination Complaints Have any pending or resolved complaints been filed during No 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 EmployeesDoes 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				
Certification	Question				
	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				
				Jaeger	

Attachments

No Attachments.