

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0003740057 Fi	ile Number: 0000154474	Submit Date: 07/29/	2021 Call Sign: KOFM	Facility ID: 25889 City:
ENID State: OK				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 07/29/2021	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.	Supplement to EEO filing
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WILLIAMS BROADCASTING LLC Doing Business As: WILLIAMS BROADCASTING LLC	Bob Villones, GM 1710 W. WILLOW ENID, OK 73703 United States	+1 (580) 234- 4230	r.villones@kofm. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John C. Trent , Esq Counsel Putbrese Hunsaker & Trent, P. C.	John C. Trent, Esq. 200 South Church Street Woodstock, VA 22664 United States	+1 (540) 459- 7646	fccman3@shentel. net	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	25899	KGWA	ENID	OK	No
	25889	KOFM	ENID	ОК	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?	No

Additional Program Report Questions	Responsibility for Implementation 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			
	Bob Villones	GM		
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		07/29 /2021	
	Certified Title			
	Authorized Party Name		Kyle D. Williams	

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
DOC072921supp-07292021110512. pdf	Applicant	EEO Public File Report	Supplement	Done with Virus Scan and/or Conversion
EEO_NARRATIVE.Williams.supp. docx	Applicant	Narrative Statement	Narrative	Done with Virus Scan and/or Conversion
eeo-report-2019-2020.Williams-19- 20.pdf	Applicant	EEO Public File Report	2019-2020	Done with Virus Scan and/or Conversion
eeo-report-2020-2021-Williams-1-20- 21.pdf	Applicant	EEO Public File Report	2020-2021	Done with Virus Scan and/or Conversion