

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003756715** | File Number: **0000160462** | Submit Date: **09/27/2021** | Call Sign: **KBND** | Facility ID: **9943** | City:
BEND | State: **OR**
Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/27/2021** | 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.	KBND KLRR KMTK KTWS KWXS EEO REPORT
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
COMBINED COMMUNICATIONS, INC. Doing Business As: COMBINED COMMUNICATIONS, INC.	P.O. BOX 5037 BEND, OR 97708 United States	+1 (541) 382- 5263	cchackel3@bendcable. com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Matthew H. McCormick Fletcher, Heald & Hildreth, PLC	1300 N 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
9943	KBND	BEND	OR	No
88428	KMTK	BEND	OR	No
12510	KLRR	REDMOND	OR	No
13579	KTWS	BEND	OR	No
189513	KWXS	PRINEVILLE	OR	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
Charles V. Chackel	President

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	09/27 /2021
Certified Title	President
Authorized Party Name	Charles V. Chackel

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Combined EEO 2019-20.pdf</u>	Applicant	All Purpose	Public File Report 2019-2020	Done with Virus Scan and/or Conversion
<u>Combined EEO 2020-21.pdf</u>	Applicant	EEO Public File Report	Public File Report 2020-2021	Done with Virus Scan and/or Conversion
<u>Combined -- EEO Narrative Statement.pdf</u>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion