

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002476091** | File Number: **0000169100** | Submit Date: **11/16/2021** | Call Sign: **KMDE** | Facility ID: **162016** | City: **DEVILS LAKE** | State: **ND**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/16/2021** | Filing Status: **Active**

General Information

Section	Question	Response
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
PRAIRIE PUBLIC BROADCASTING, INC. Doing Business As: PRAIRIE PUBLIC BROADCASTING, INC.	Jack Anderson PO Box 3240 FARGO, ND 58108 United States	+1 (701) 241-6900	JANDERSON@PRAIRIEPUBLIC.ORG	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Jack W Anderson Director of Engineering Prairie Public Broadcasting, Inc.	PO Box 3240 FARGO, ND 58108 United States	+1 (701) 239-7504	janderson@prairiepublic.org	Technical Representative
Barry S. Persh , ESQ . Attorney at Law Gray Miller Persh LLP	1200 New Hampshire Avenue, NW, Suite #410 Washington, DC 20036 United States	+1 (202) 776-2458	bpersh@graymillerpersh.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
165891	KPPD	DEVILS LAKE	ND	No
162016	KMDE	DEVILS LAKE	ND	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

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	11/16 /2021
Certified Title	President and CEO
Authorized Party Name	John E Harris , III .

Attachments

No Attachments.