



(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003752979** | File Number: **0000183436** | Submit Date: **01/31/2022** | Call Sign: **KOMI-CD** | Facility ID: **87** | City: **WOODWARD** | State: **OK**
Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/31/2022** | Filing Status: **Active**

General Information

Section	Question	Response
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
OMNI BROADCASTING COMPANY, D/B/A KOMI-DTV Doing Business As: OMNI BROADCASTING COMPANY, D/B/A KOMI-DTV	Brooke Williams 2728 WILLIAMS AVENUE 101 CENTRE, SUITE G WOODWARD, OK 73801 United States	+1 (580) 256-5400	kzzw1045@gmail.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Bob Silverman Womble, Bond Dickinson, (US) LLP	Bob Silverman, Esq. 2001 K Street, NW Suite 400 South Washington, DC 20006 United States	+1 (202) 857-4532	bob.silverman@wbd-us.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
166085	KZZW	MOORELAND	OK	No
87	KOMI-CD	WOODWARD	OK	No
21841	KMZE	WOODWARD	OK	No
50332	KWOX	WOODWARD	OK	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
Sean Kelly	Operations Manager

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	01/31/2022
Certified Title	CFO
Authorized Party Name	Shawn T Miller

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2021-annual-eeo-public-file-report-revised-20210625-190745517-docx.pdf	Applicant	EEO Public File Report	2020-21 Public File Report	Done with Virus Scan and/or Conversion
2022 Annual EEO Public File Report.docx	Applicant	EEO Public File Report	2021-22 Public File Report	Done with Virus Scan and/or Conversion
EEO Program Report Narrative.docx	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion