

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: <b>002003</b>	<b>0748</b> Fi	le Number: 0000122711	Submit Date: 09/28/2	2020 Call Sign: KLOX	Facility ID: 91587 City:
CRESTON	State: IA				
Service: Full P	ower FM	Purpose: EEO Report	Status: Received	Status Date: 09/28/2020	Filing Status: Active

General	Section	Question	Response
Information	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 for KLOX - 9/28/2020 Renewal
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
FLORIDA PUBLIC RADIO, INC. Doing Business As: FLORIDA PUBLIC RADIO, INC.	Randy Henry 505 JOSEPHINE STREET TITUSVILLE, FL 32796 United States	+1 (321) 267- 3000	WPIO@GATE. NET	NFP

Contact	Contact Name	Address		Phone		Email	Contact Type
Representatives	Randy Henry President FLORIDA PUBLIC RADIO, INC.	Randy Henry 505 JOSEPH STREET TITUSVILLE United States	HINE , FL 32796	+1 (32 <sup>-</sup> 3000	1) 267-	WPIO@GATE NET	. Technical Representative
Common Stations	Facility Identifier 91587	Call Sign KLOX	City CRESTON		<b>State</b> IA	<b>Time Brokerag</b> No	ge Agreement
Program Report Questions	Section Discrimination Complaints	Question Have any per this license te jurisdiction ur	erm before an	y body ha	aving comp	petent	<b>Response</b> No

	jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	
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

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	09/28 /2020
Certified Title	President
Authorized Party Name	Randy Henry

## Attachments

No Attachments.