Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0004974358
 File Number:
 0000126640
 Submit Date:
 11/19/2020
 Call Sign:
 KNSI
 Facility ID:
 37002
 City:

 ST.
 CLOUD
 State:
 MN

 Service:
 Full Power AM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 11/19/2020
 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.	EEO Program Report - St. Cloud
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
LEIGHTON ENTERPRISES, INC. Doing Business As: LEIGHTON ENTERPRISES, INC.	John J. Sowada PO BOX 1458 SAINT CLOUD, MN 56302 United States	+1 (320) 251-1450	JSowada@LeightonBroadcasting. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	JOHN WELLS KING , ESQ . Counsel Law Office of John Wells King, PLLC	4051 Shoal Creek Lane East Jacksonville, FL 32225 United States	+1 (904) 647- 9610	John@JWKingLaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
37002	KNSI	ST. CLOUD	MN	No
37003	KCLD-FM	ST. CLOUD	MN	No
57562	KZPK	PAYNESVILLE	MN	No
79009	KCML	ST. JOSEPH	MN	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			
	John J Sowada	President			
Certification	Question		Response		
	trustee, authorized employee, or or behalf of the party filing the report; R. Section 1.23(a), who is authoriz	or she is (a) the party filing the report, or an officer, director, member, partner, ther individual or duly elected or appointed official who is authorized to sign on or (b) an attorney qualified to practice before the Commission under 47 C.F. ed to represent the party filing the report, and who further certifies that he or the best of his or her knowledge, information, and belief there is good ground bosed for delay			
	Certified Date				
	Certified Title		President		
	Authorized Party Name		John J Sowada		

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Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Narrative Statement re Outreach.pdf	Applicant	Narrative Statement	Narrative Statement re Outreach	Done with Virus Scan and/or Conversion
<u>St.</u> <u>CloudMN_EEO_Public_File_</u> 2019.pdf	Applicant	EEO Public File Report	Annual EEO Public File Report - 2019	Done with Virus Scan and/or Conversion
<u>St.</u> CloudMN_EEO_Public_File_ 2020.pdf	Applicant	EEO Public File Report	Annual EEO Public File Report - 2020	Done with Virus Scan and/or Conversion