

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0012241105 Fi	ile Number: 0000126193	Submit Date: 11/16/2	2020 Call Sign: KWGL	Facility ID: 58856 City:
OURAY State: CO				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 11/16/2020	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.	2020 Renewal EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Questions

Applicant	Address	Phone	Email	Applicant Type
WS COMMUNICATIONS, LLC Doing Business As: WS COMMUNICATIONS, LLC	Ward Holmes 190 TURNER DRIVE Unit G DURANGO, CO 81303 United States	+1 (902) 259- 4444	ward@radiodurango. com	LLC

Contact Representatives	Contact Name		Addres	S	Phone		Email	Contact Type
	Ward S Holmes Regonal Manger Four Corners Broadcastng		Unit G	rner Drve o, CO 81301	+1 (970) 25 4444	9-	ward@radodurango. com	Legal Representative
	Gene Wisnewski REGISTERED PROFESSIC ENGINEER Gene Wsnewski	DNAL	1472 E	dell, ID 83355, 55	+1 (208) 35 2005	8-	genew2012@gmail. com	Technical Representative
Common Stations	Facility Identifier	Call S	ign	City	State	Tir	me Brokerage Agreem	ent
	58856	KWG	L	OURAY	со	No	D	
	82282	KAVF	þ	COLONA	СО	No	D	
Program Report	Section	Ques	stion				Respons	se

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 /2020
Certified Title	Regonal Manager
Authorized Party Name	Ward S Holmes

Attachments

No Attachments.