

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 000	4289013 F	ile Number: 0000131724	Submit Date: 01/19/	2021 Call Sign: KJMM	Facility ID: 35015 City:
BIXBY	State: OK				
Service: F	ull Power FM	Purpose: EEO Report	Status: Received	Status Date: 01/19/2021	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.	KJMM, Inc EEO Program Report 2020
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee	Licensee Name, Type and Contact Information					
Information	Applicant	Address	Phone	Email	Applicant Type	
	KJMM, INC. Doing Business As: KJMM, INC.	1528 NE 23RD STRI OKLAHOMA CITY, C United States	()	425-4100 kperry@kvs	p.com COR	
Contact Representatives	Contact Name	Address	Phone	Email	Contact Type	
	Kathleen Victory FCC Counsel Fletcher Heald & Hildreth, PLC	1300 N. 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0473	victory@fhhlaw.com	Legal Representative	

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	65766	KGTO	TULSA	OK	No
	35015	KJMM	BIXBY	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

Responsibility for Implementation

Additional **Program Report** Questions

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			
	Terry Monday VP Radio Broadcasting				
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		01/19 /2021		
	Certified Title				
	Authorized Party Name		Russell M. Perry		

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	EEO Report 2019 2020 KJMM KGTO.pdf	Applicant	EEO Public File Report	KJMM/KGTO 2019-2020 EEO Public File Report	Done with Virus Scan and /or Conversion
	EEO Report 2020 2021 KJMM KGTO.pdf	Applicant	EEO Public File Report	KJMM/KGTO 2020-2021 Public File Report	Done with Virus Scan and /or Conversion
	KJMM EEO Narrative Statment.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and /or Conversion