

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002322717** | File Number: **0000131271** | Submit Date: **01/14/2021** | Call Sign: **KFFX** | Facility ID: **69778** | City: **EMPORIA** | State: **KS**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/14/2021** | 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.	EEO Form 396 KFFX
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EMPORIA'S RADIO STATIONS, INC. Doing Business As: EMPORIA'S RADIO STATIONS, INC.	Ron Thomas PO Box PO BOX 968 (1420 C OF E DRIVE) EMPORIA, KS 66801 United States	+1 (620) 342-1400	thomasr@kvoe.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Ron Thomas EMPORIA'S RADIO STATIONS, INC.	Ron Thomas PO Box PO BOX 968 (1420 C OF E DRIVE) EMPORIA, KS 66801 United States	+1 (620) 342-1400	thomasr@kvoe.com	General Manager

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
69778	KFFX	EMPORIA	KS	No
69777	KVOE	EMPORIA	KS	No
37128	KVOE-FM	EMPORIA	KS	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
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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
Erren Harter	Executive Assistant

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	01/14 /2021
Certified Title	Executive Assistant
Authorized Party Name	Erren Harter

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Annual EEO Assessment Feb20 - Jan21.doc	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
Annual EEO Public File Report Feb19 - Jan20.doc	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
Annual EEO Public File Report Feb19 - Jan20.doc	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Annual EEO Public File Report Feb20 - Jan21.doc	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion