

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 00038010	016 File	Number: 0000160940	Submit Date: 09/29/2	2021 Call Sign: KTKU	Facility ID: 32950 City:
JUNEAU Sta	ate: AK				
Service: Full Pov	wer FM	Purpose: EEO Report	Status: Received	Status Date: 09/29/2021	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.	Alaska Broadcast Communications, Inc Broadcast EEO Program Report (Juneau, AK)	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

## Licensee Information

Applicant	Address	Phone	Email	Applicar Type
ALASKA BROADCAST COMMUNICATIONS,	3161	+1 (907)	richard@frontiermediausa.	COR
INC.	CHANNEL	586-3630	com	
Doing Business As: ALASKA BROADCAST	DRIVE			
COMMUNICATIONS, INC.	SUITE 2			
	JUNEAU, AK			
	99801			
	United States			

Contact	Contact Name	Address		Phone		Email		Contact Type
Representatives	Jonathan Mark , Esq . DAVIS WRIGHT TREMAINE LLP	1301 K Street, N.W. Suite 500 East WASHINGTON, DC 20005 United States		+1 (202) 973- 4217		JonathanMark@dwt.com		Legal Representative
	ERIK C. SWANSON , PE . CONSULTING ENGINEER HATFIELD & DAWSON	9500 GREENWOOD AVE N SEATTLE, WA 98103 United States		+1 (206) 783- ESWANSON@H/ 9151 COM		ESWANSON@HATI COM	ATDAW. Technical Representative	
0	Facility Identifier	Call Sign	City	S	tate	Time Brokerage	Agree	ment
Common Stations	32950	KTKU	JUNE		AK	No	Agree	ment
	61235	KJNO	JUNE	AU A	٩K	No		
Program Report	Section	Question					Respo	nse
Questions	Discrimination Complaints	Have any pend this license ter	m before	any body ha	ving o	competent	No	

of the station(s)?

jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	ull-time Employees	full-time employ	vees? Consider as	it employ fewer than five "full-time" employees all more hours a week?	No					
Program Report At	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:									
N	Name Title									
S	Sharon Burns LL	LLC Member, Frontier Media, LLC, Owner of Licensee								
Certification Q	uestion					Response				
tr b R s	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									
C	Certified Date					09/29 /2021				
C	Certified Title									
A	Authorized Party Name					Richard Burns				
			Attackment							
Attachments Fi	ile Name	Uploaded By	Attachment Type	Description	Upload Status					
A	ABC EEO Narrative.pdf	Applicant	Narrative Statement	ABC EEO Narrative	Done with Virus /or Conversion	Scan and				
	ABC EEO Public File Report	Applicant	EEO Public File Report	ABC EEO public File Report 2019 - 2020	Done with Virus /or Conversion	Scan and				
	ABC JAC EEO Public File Report 2020-2021.pdf	Applicant	EEO Public File Report	ABC EEO Public File Report 2020 - 2021	Done with Virus /or Conversion	Scan and				