

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0022491476 F	Tile Number: 0000141165	Submit Date: 03/26/2	Call Sign: KMKT	Facility ID: 77588 City:
BELLS State: TX				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 03/26/2021	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.	North Dallas, TX April 2021 EEO Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
Alpha Media Licensee LLC Debtor in Possession	1211 SW 5TH AVENUE SUITE 750 PORTLAND, OR 97204 United States	+1 (503) 517- 6200	john. grossi@alphamediausa. com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Kathleen Kirby Wiley Rein LLP	1776 K Street, NW Washington, DC 20006 United States	+1 (202) 719-3360	kkirby@wiley.law	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	54812	KMAD-FM	WHITESBORO	ТХ	No
	77588	КМКТ	BELLS	тх	Νο
	36265	KLAK	TOM BEAN	ТХ	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
Dawn Beaver	Business Manager

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

	/2021
Certified Title	Secretary
Authorized Party Name	John Grossi

03/26

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Alpha North Dallas, TX Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
N. Dallas 2020 EEO Report.pdf	Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan and/or Conversion
N. Dallas TX 2021 EEO Public File Report.pdf	Applicant	EEO Public File Report	2021 Public File Report	Done with Virus Scan and/or Conversion