

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0021665344File Number: 0000141989Submit Date: 03/31/2021Call Sign: KHKXFacility ID: 67368City:ODESSAState: TXService: Full Power FMPurpose: EEO ReportStatus: ReceivedStatus Date: 03/31/2021Filing 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.	KHKX(FM)/KMCM(FM) /KQRX(FM) 2021 EEO Schedule 396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Program Report

Questions

Applicant	Address	Phone	Email	Applicant Type
BRAZOS COMMUNICATIONS WEST, LLC	3303 N. MIDKIFF SUITE 115 MIDLAND, TX 79705 United States	+1 (432) 520- 9912	tommy@vascocu. 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
	67368	КНКХ	ODESSA	ТХ	No
	65306	КМСМ	ODESSA	ТХ	No
	67026	KQRX	MIDLAND	тх	No

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

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		
	Tommy R. Vascocu General Partner			
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		03/31 /2021	
	Certified Title			
	Authorized Party Name			

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Brazos West Narrative Statement.pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
Odessa-Midland-2020-EEO-Public-	Applicant	EEO Public File	2020 Public File	Done with Virus Scan and/or
File-Report.pdf		Report	Report	Conversion
Odessa-Midland 2021 EEO Public	Applicant	EEO Public File	2021 Public File	Done with Virus Scan and/or
File Report.pdf		Report	Report	Conversion