

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0005016100** | File Number: **0000142833** | Submit Date: **04/01/2021** | Call Sign: **KOXE** | Facility ID: **7320** | City: **BROWNWOOD** | State: **TX**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **04/01/2021** | 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.	2021 KOXE EEO Report
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
BROWN COUNTY BROADCASTING CO. Doing Business As: BROWN COUNTY BROADCASTING CO.	Bonnie Dillard 300 CARNEGIE BLVD BROWNWOOD, TX 76801 United States	+1 (325) 646-3505	bonniedillard16@gmail.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JESSICA A ROGERS Attorney LUVAAS COBB	777 High Street Suite 300 Eugene, OR 97401 United States	+1 (541) 484-9292	JROGERS@LUVAASCOBB.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
7321	KBWD	BROWNWOOD	TX	No
7320	KOXE	BROWNWOOD	TX	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

**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
Bonnie Dillard	Secretary

Certification

Question	Response
<p>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</p>	
<p>Certified Date</p>	<p>04/01 /2021</p>
<p>Certified Title</p>	<p>Secretary</p>
<p>Authorized Party Name</p>	<p>Bonnie Dillard</p>

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<p>2019 EEO Report.pdf</p>	<p>Applicant</p>	<p>EEO Public File Report</p>	<p>2019 EEO Report for KOXE</p>	<p>Done with Virus Scan and/or Conversion</p>
<p>Brown County EEO report [filed 3-25-2013].pdf</p>	<p>Applicant</p>	<p>EEO Public File Report</p>	<p>EEO Report</p>	<p>Done with Virus Scan and/or Conversion</p>
<p>KOXE Narrative.pdf</p>	<p>Applicant</p>	<p>Narrative Statement</p>	<p>KOXE Narrative</p>	<p>Done with Virus Scan and/or Conversion</p>