

Broadcast Equal Employment Opportunity Program Report

 FRN:
 0031969751
 File Number:
 0000146820
 Submit Date:
 05/24/2021
 Call Sign:
 KSEL-FM
 Facility ID:
 4816
 City:

 PORTALES
 State:
 NM

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 05/24/2021
 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.	Schedule 396 - Broadcast EEO Program Report - Rooney Moon Broadcasting, Inc KSEL(AM), KRMQ- FM, KSEL-FM, and KSMX- FM
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Information	
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Applicant	Address	Phone	Email	Applicant Type
ROONEY MOON BROADCASTING, INC.	42437 US HIGHWAY 70 PORTALES, NM 88130 United States	+1 (575) 763- 0338	duffymoon@rooneymoon. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Brad Deutsch Foster Garvey PC	1000 Potomac St. NW Suite 200 Washington, DC 20007 United States	+1 (202) 298-1793	brad.deutsch@foster.com	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	4816	KSEL-FM	PORTALES	NM	No
	64495	KSMX-FM	CLOVIS	NM	No
	4815	KSEL	PORTALES	NM	No
	84330	KRMQ-FM	CLOVIS	NM	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	full-time er	mployees? Consider	unit employ fewer that as "full-time" employe or more hours a week	ees all			
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	Name Title						
	Lisa Schmidt		Genera	al Manager				
Certification	Question The undersigned certifies th partner, trustee, authorized authorized to sign on behal Commission under 47 C.F.I	employee, or o f of the party fili R. Section 1.23(ther individual or dul ng the report; or (b) a (a), who is authorized	y elected or appointe an attorney qualified t d to represent the par	d official who is to practice before the rty filing the report, and	Response		
	who further certifies that he information, and belief there				•			
	Certified Date					05/24/2021		
	Certified Title	President						
	Authorized Party Name					Jeff McNaughton		
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status			

File Name	Ву	Attachment Type	Description	Upload Status
Rooney Moon 2020 EEO	Applicant	EEO Public File	Rooney Moon 2020	Done with Virus Scan and/or
Report.pdf		Report	EEO Report	Conversion
Rooney Moon 2021 EEO	Applicant	EEO Public File	Rooney Moon 2021	Done with Virus Scan and/or
Report.pdf		Report	EEO Report	Conversion
<u>Rooney Moon - EEO</u>	Applicant	Narrative	Rooney Moon - EEO	Done with Virus Scan and/or
<u>Narrative.pdf</u>		Statement	Narrative	Conversion