

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0005028097** | File Number: **0000159882** | Submit Date: **09/21/2021** | Call Sign: **KGDC** | Facility ID: **35124** | City: **WALLA WALLA** | State: **WA**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/21/2021** | 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.	KGDC & KHSS 2021 Renewal 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
Two Hearts Communications, LLC	Rodney Fazzari 30 W. Main Street, Suite 303 Walla Walla, WA 99362 United States	+1 (509) 525-7878	rfazzari@khssradio.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dennis J. Kelly Attorney Law Office of Dennis J. Kelly	Post Office 41177 Washington, DC 20018-0577 United States	+1 (202) 293-2300	dkellyfcclaw1@comcast.net	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
35124	KGDC	WALLA WALLA	WA	No
34540	KHSS	ATHENA	OR	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?	Yes

## 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	09/21 /2021
Certified Title	Manager
Authorized Party Name	Rodney Fazzari

Attachments

No Attachments.