

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 00285	66578 Fi	ile Number: 0000160826	Submit Date: 09/29/	2021 Call Sign: KAKT	Facility ID: 17573	City:
PHOENIX	State: OR					
Service: Full Power FM		Purpose: EEO Report	Status: Received	Status Date: 09/29/2021	Filing Status: Active	

General	Section	Question	Response
Information	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.	SMG Medford EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
SMG-MEDFORD, LLC Doing Business As: SMG- MEDFORD, LLC	2448 E. 81ST STREET SUITE 5500 TULSA, OK 74137 United States	+1 (918) 492- 2660	gena. mitchell@smgnational.com	LLC

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Joseph C. Chautin III Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629- 0777	jchautin@hardycarey. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
60313	KTMT-FM	MEDFORD	OR	No
57434	KCMX-FM	ASHLAND	OR	No
57733	KTMT	ASHLAND	OR	No
33678	KBOY-FM	MEDFORD	OR	No
60314	KCMX	PHOENIX	OR	No
17573	KAKT	PHOENIX	OR	No

Program Report
QuestionsSectionResponseDiscrimination ComplaintsHave 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 statio full-time employe those permanen	ees? Conside	r as "full-time" e	employees all	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						
	Gena Mitchell		Execut	ive Assistant					
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								
	Certified Title								
	Authorized Party Name								
Attachments	File Name		Uploaded By	Attachment Type	Description	Upload Sta	tus		
	SMG-Medford 2020-21 EEC	<u>) PF Report.pdf</u>	Applicant	EEO Public File Report	EEO 2020-21	Done with N and/or Con			
	SMG Medford EEO (2019-2	<u>020).pdf</u>	Applicant	EEO Public File Report	EEO 2019-2020	Done with V and/or Con			
	SMG Medford EEO Program statement).pdf	d EEO Program Report (narrative Applicant Narrative Narrative Statement Done with Viru <u>df</u> Statement and/or Conver							
	SMG-Medford LLC Stations	•	Applicant	All Purpose	Ownership Commencement Report	Done with V and/or Con			