

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0028566800** | File Number: **0000160814** | Submit Date: **09/29/2021** | Call Sign: **KGA** | Facility ID: **11234** | City: **SPOKANE** | State: **WA**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/29/2021** | 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.	SMG Spokane EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

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

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
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
11242	KDRK-FM	SPOKANE	WA	No
36488	KBBD	SPOKANE	WA	No
53147	KEYF-FM	CHENEY	WA	No
11235	KJRB	SPOKANE	WA	No
11234	KGA	SPOKANE	WA	No
11243	KZBD	SPOKANE	WA	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
Gena Mitchell	Executive 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	09/29 /2021
Certified Title	Manager
Authorized Party Name	David P Stephens

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
SMG-Spokane 2019-2020.pdf	Applicant	EEO Public File Report	EEO Report 2019-2020	Done with Virus Scan and/or Conversion
SMG-Spokane 2020-21 EEO PF Report.pdf	Applicant	EEO Public File Report	EEO Report 2020-2021	Done with Virus Scan and/or Conversion
SMG-Spokane EEO Program Report (narrative statement).pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
SMG-Spokane LLC Stations EEO Report (ownership commencement expl).pdf	Applicant	All Purpose	Ownership Commencement Exhibit	Done with Virus Scan and/or Conversion