

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004327912** | File Number: **0000161930** | Submit Date: **09/30/2021** | Call Sign: **KPUA** | Facility ID: **48678** | City: **HILO** | State: **HI**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2021** | 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.	EEO Renewal
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
NEW WEST BROADCASTING CORP. Doing Business As: NEW WEST BROADCASTING CORP.	1145 KILAUEA AVENUE HILO, HI 96720 United States	+1 (808) 935-5461	chris@kwxx.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dan J Alpert Legal Counsel THE LAW OFFICE OF DAN J. ALPERT	2120 21st Rd. N Arlington, VA 22201 United States	+1 (703) 243-8690	DJA@COMMLAW.TV	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
48678	KPUA	HILO	HI	No
69054	KNWB	HILO	HI	No
48679	KWXX-FM	HILO	HI	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

Responsibility for Implementation

Additional
Program Report
Questions

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
AnnMarie Chew	Bookkeeper

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	09/30 /2021
Certified Title	President
Authorized Party Name	Chris Leonard

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Public File Oct 2019 to Oct 2020.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEO Public File Oct 2020 to Oct 2021.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Outreach.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion