## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

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FRN: 001367	1 <b>037</b> F	ile Number: 0000164322	Submit Date: 10/20/20	021 Call Sign	KASB	Facility ID: 4631	City:
BELLEVUE	State: W	Α					
Service: Full Po	ower FM	Purpose: EEO Report	Status: Received	Status Date: 10/	/25/2021	Filing Status: Active	e

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.	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BELLEVUE SCHOOL DISTRICT #405 Doing Business As: BELLEVUE SCHOOL DISTRICT #405	BRAD CONGER, CTE, BELLEVUE HIGH SCHOOL 10416 SE WOLVERINE WAY BELLEVUE, WA 98004 United States	+1 (425) 456-7101	CONGERG@BSD405. ORG	PNE

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	JULIAN ADAMAITIS CONSULTING ENGINEER Sound Engineering	SOUND ENGINEERING 4913 WOODLAND PARK AVE N SEATTLE, WA 98103 United States	+1 (206) 633- 0845	SOUND. ENGINEERING@COMCAST. NET	Technical Representative
	Gordon Bradley Conger Bellevue Public Schools	10416 SE Wolverine Way Bellevue, WA 98004 United States	+1 (425) 456- 7101	congerg@bsd405.org	Legal Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	4631	KASB	BELLEVUE	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?	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	10/20 /2021
	Certified Title	CTE Instructor and GM of station
	Authorized Party Name	Gordon Bradley Conger

Attachments

No Attachments.