

# Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0026784025 F	ile Number: 0000186239	Submit Date: 03/10/20	22 Call Sign: KCMB	Facility ID: 50635 City:
BAKER State: OR				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 03/10/2022	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.	2021 EEO Program Report - Amendment
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

#### Licensee Information

Applicant	Address	Phone	Email	Applicant Type
KCMB, LLC Doing Business As: KCMB, LLC	61043 LONGVIEW LANE COVE, OR 97824 United States	+1 (541) 786- 5223	RANDY@ELKHORNMEDIAGROUP. COM	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
MATTHEW H. MCCORMICK Legal Counsel Fletcher, Heald & Hildreth, PLC	1300 N. 17th St. Arlington, VA 22209 United States	+1 (703) 812- 0438	MCCORMICK@FHHLAW. COM	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
197870	KHKF	ISLAND CITY	OR	No
189562	KVBL	UNION	OR	No
24797	KWRL	LA GRANDE	OR	No
50635	KCMB	BAKER	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?	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			
	Randy McKone		Managing Mem	nber		
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	d Status
	Elkhorn Media Group-EEO Report-Oct.1 2019-Sept. 30 2020 (Revised March 2022). pdf	Applicant	EEO Public File Report	EEO Report - Oct. 1 2019 - Sept. 30 2020 (Revised March 2022)	Done with Virus Scan and/or Conversion	
	Elkhorn Media Group-EEO Report-Oct.1	Applicant	EEO	EEO Report - Oct. 1 2020-	Done	with Virus

2020-Sept. 30 2021 (Revised March 2022).

<u>pdf</u>

Narrative Statement.pdf

Public File

Report

Narrative

Statement

Applicant

Sept. 30 2021 (Revised

Narrative Statement

(Revised March 2022)

March 2022)

Scan and/or

Conversion

Scan and/or Conversion

Done with Virus