

## BROADCAST STATION ANNUAL EMPLOYMENT REPORT

**SECTION I**

Legal Name of the Licensee <i>Jerry T. Hanszen</i>		
Mailing Address <i>2323 Jefferson Ave.</i>		
City <i>Marshall, TX</i>	State or Country (if foreign address) <i>TX</i>	ZIP Code <i>75671</i>
Telephone Number (include area code) <i>903-923-8000</i>	E-Mail Address (if available) <i>info@kmhtradio.com</i>	
	Facility ID Number <i>72450</i>	Call Sign <i>KMHT</i>

**SECTION II**

**A. TYPE OF RESPONDENT**

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

Radio  TV

Educational Radio

HQ

Low Power TV

Educational TV

International

**B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.**

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
<i>KMHT</i>	<i>72450</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	<i>Marshall, TX</i>
<i>KMHT</i>	<i>72451</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<i>Marshall, TX</i>
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

**SECTION III**

**A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)** *June, July, August August 15-31, 2023*

**B. CHECK APPLICABLE BOX**

Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

**SECTION IV CERTIFICATION**

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership) (c) By an officer, if a corporation or an association or (d) By an attorney of the licensee in case of physical disability or absence from the United States of the licensee.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).**

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed <i>Ashli Dansby</i>	Print Name <i>Ashli Dansby</i>
Title <i>General Manager</i>	Telephone No. (include area code) <i>903-578-7365</i>
Date <i>4-1-24</i>	

**SECTION V - EMPLOYEE DATA**

**A. FULL-TIME PAID EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS		1 ✓					1				
PROFESSIONALS											
TECHNICIANS		1									
SALES WORKERS							2				
OFFICE & CLERICAL							1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	6	2					4				

**B. PART-TIME PAID  
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS		1					2				
TOTAL	3	1					2				