



Broadcast Equal Employment Opportunity Program Report

[Reference Copy](#) [FAQ](#)

FRN: **0023871510** | File Number: **0000162953** | Submit Date: **10/05/2021** | Call Sign: **KNDI** | Facility ID: **37065** | City: **HONOLULU** | State: **HI**
Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/05/2021** | Filing Status: **Active**

APPLICATION SECTIONS

General Information

Licensee Information

Common Stations

Program Report Questions

Certification

Attachments

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

Licensee Information

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Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GERONIMO BROADCASTING, INC. Doing Business As: GERONIMO BROADCASTING, INC.	Nellie Malabed 1734 S. King Street HONOLULU, HI 96826 United States	+1 (808) 946-2844	kndiradio@hawaii.rr.com	Company

Contact Representatives

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Contact Name	Address	Phone	Email	Contact Type
Nellie M Malabed President Geronimo Broadcasting, Inc.	Nellie Malabed 1734 S. King Street Honolulu, HI 96826 United States	+1 (808) 946-2844	kndiradio@hawaii.rr.com	President

Common Stations

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Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
37065	KNDI	HONOLULU	HI	No

Program Report Questions

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Section	Question	Response
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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

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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	10/05/2021
Certified Title	President
Authorized Party Name	Nellie M Malabed

Attachments

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No Attachments.

[Submit a help request for assistance or contact \(877\) 480-3201 or TTY: \(717\) 338-2824](#) | [Pay Fees](#) 🗑️

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Washington, DC 20554

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