

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 00200)60729 F	ile Number: 0000211471	Submit Date: 02/27/2	2023 Call Sign: KZLW	Facility ID: 175203 City:
GRETNA	State: NE				
Service: Full Power FM		Purpose: EEO Report	Status: Received	Status Date: 02/27/2023	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 Report for KZLW Feb 2023 License Renewal
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
MYBRIDGE Doing Business As: MyBridge Radio	Carolyn Simmons PO BOX 30345 LINCOLN, NE 68503 United States	+1 (888) 627- 1020	EMAIL@MYBRIDGERADIO. NET	COR

Contact Representatives	Contact Name	Address		Phone		Email		Contact Type
	James Price Sterling Communications	PO Box 1877 LaFayette, GA 30 United States)728	+1 (706) 3 8744	97-	sterlingjamesp@gma	ail.com	Technical Representative
	DAWN M SCIARRINO SCIARRINO & SHUBERT, PLLC	330 Franklin Roa Ste. 135A-133 Brentwood, TN 3 3280 United States		+1 (202) 3 9658		DAWN@SCIARRING COM	OLAW.	Legal Representative
	Carolyn Simmons MYBRIDGE	Carolyn Simmons PO Box 30345 Lincoln, NE 6850 United States		+1 (888) 6 1020		EMAIL@MYBRIDGE NET	RADIO.	Station Representative
Common Stations	Facility Identifier	Call Sign	City		State	Time Brokerag	e Agreen	nent
	175203	KZLW	GRET	ΓΝΑ	NE	No		
Program Report	Section	Question					Respon	se
Questions	Discrimination Complaints	Have any pend	Have any pending or resolved complaints been filed during				No	

of the station(s)?

this license term before any body having competent jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	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		F	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			02/27 /2023		
	Certified Title			Secretary		
	Authorized Party Name			Carolyn Simmons		

Attachments

No Attachments.