

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0026907345** | File Number: **0000134392** | Submit Date: **02/01/2021** | Call Sign: **WTNO-LP** | Facility ID: **24981**
 City: **NEW ORLEANS** | State: **LA**
 Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **02/01/2021** | Filing Status: **Active**

General Information

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

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC.	RENEE ILHARDT 450 PARK AVENUE 29TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
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RENEE ILHARDT VP, REGULATORY AFFAIRS HC2 BROADCASTING HOLDINGS INC.	450 PARK AVENUE 29TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	CORPORATE REPRESENTATIVE
DAVID O'CONNOR PARTNER WILKINSON, BARKER, KNAUER, LLP	1800 M STREET, NW; SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 383-3429	DOCONNOR@WBKLAW.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
24981	WTNO-LP	NEW ORLEANS	LA	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
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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	02/01/2021
Certified Title	VICE PRESIDENT OF REGULATORY AFFAIRS
Authorized Party Name	RENEE ILHARDT

Attachments

No Attachments.