

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0002940195** | File Number: **0000147009** | Submit Date: **05/25/2021** | Call Sign: **WGGN-TV** | Facility ID: **11027** |
 City: **SANDUSKY** | State: **OH**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/25/2021** | 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
CHRISTIAN FAITH BROADCAST, INC. Doing Business As: CHRISTIAN FAITH BROADCAST, INC.	Mr. Clyde R. Yost 3809 MAPLE AVE. CASTALIA, OH 44824 United States	+1 (419) 684-5311	rustyy@cfbroadcast.net	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Roy P. Stype , III . CONSULTING ENGINEER Carl E. Smith Consulting Engineers	P. O. BOX 807 2324 NORTH CLEVELAND- MASSILLON ROAD BATH, OH 44210 United States	+1 (330) 659-4440	rstype@aol.com	Technical Representative
Kathleen Victory , Esq. . FCC COUNSEL FLETCHER, HEALD & HILDRETH, P.L.C.	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0473	victory@fhhlaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
11028	WGGN	CASTALIA	OH	No
11027	WGGN-TV	SANDUSKY	OH	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

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	05/25 /2021
Certified Title	Vice President
Authorized Party Name	Clyde R. Yost

Attachments

No Attachments.