

Broadcast Equal Employment Opportunity **Program Report**

City: FRN: 0026907345 File Number: 0000153472 Submit Date: 07/20/2021 Call Sign: W29CI-D Facility ID: 66996 SALEM State: IL Status Date: 07/20/2021 Service: Digital Class A Purpose: EEO Report Status: Received Filing Status: Active

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

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC.	RENEE ILHARDT 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (954) 606- 5486	RILHARDT@HC2BROADCASTING. COM	COR

Contact Represe

Licensee Information

<section-header></section-header>	Contact Name	Address	Phone	Email		Contact Type
	PATRICK DOYLE CHIEF OPERATING OFFICER HC2 BROADCASTING HOLDINGS, INC.	PATRICK DOYLE 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (610) 585-0276	PDOYLE@HC2BROADCASTING. COM		CHIEF OPERATING OFFICER
	RENEE ILHARDT VP, REGULATORY AFFAIRS HC2 BROADCASTING HOLDINGS, INC.	RENEE ILHARDT 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (954) 606-5486			CORPORATE REPRESENTATIVE
	DAVID O'CONNOR PARTNER WILKINSON, BARKER, KNAUER, LLP	DAVID O'CONNOR 1800 M STREET NW SUITE 800N WASHINGTON, DC 20036 United States	+1 (202) 383-3429	DOCONNO	DR@WBKLAW.COM	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreen	nent
	66996	W29CI-D	SALEM	IL	No	
Program Report	Section	Question			Respor	ise

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

Response

Certification

Question

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	07/20/2021
Certified Title	VICE PRESIDENT OF REGULATORY AFFAIRS
Authorized Party Name	RENEE ILHARDT

Attachments

No Attachments.