

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0003574662** | File Number: **0000204644** | Submit Date: **12/01/2022** | Call Sign: **WEDH** | Facility ID: **13602** | City: **HARTFORD** | State: **CT**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **12/01/2022** | 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
CONNECTICUT PUBLIC BROADCASTING, INC.	Meg Sakellarides 1049 ASYLUM AVENUE HARTFORD, CT 06105 United States	+1 (860) 275-7350	msakellarides@ctpublic.org	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Sally A. Buckman Attorney Lerman Senter PLLC	2001 L Street, NW Suite 400 WASHINGTON, DC 20036 United States	+1 (202) 429-8970	sbuckman@lermansenter.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
13594	WEDW	STAMFORD	CT	No
13595	WEDY	NEW HAVEN	CT	No
13607	WEDN	NORWICH	CT	No
13602	WEDH	HARTFORD	CT	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?	No

Additional
Program Report
Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Meg Sakellarides	Chief Financial Officer

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	12/01/2022
Certified Title	Chief Financial Officer
Authorized Party Name	Meg A. Sakellarides

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2021 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
2022 Annual EEO Public File Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
Narrative Statement.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion