

(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
<b>Attachments</b>	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
<b>CONNECTICUT PUBLIC BROADCASTING, INC.</b>	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
13602	WEDH	HARTFORD	CT	No
13595	WEDY	NEW HAVEN	CT	No
13607	WEDN	NORWICH	CT	No
13594	WEDW	STAMFORD	CT	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
<a href="#">2021 Annual EEO Public File Report.pdf</a>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<a href="#">2022 Annual EEO Public File Report.pdf</a>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
<a href="#">Narrative Statement.pdf</a>	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion