

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0031173065** | File Number: **0000208867** | Submit Date: **01/31/2023** | Call Sign: **WYDC** | Facility ID: **62219** | City: **CORNING** | State: **NY**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/31/2023** | 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
CTNY License LLC	2750 Luberon Lane Cumming, GA 30041 United States	+1 (678) 777-8659	bfielder@youralaskalink.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dan Kirkpatrick Baker & Hostetler LLP	1050 Connecticut Avenue, NW Suite 1100 Washington, DC 20036 United States	+1 (202) 861- 1758	dkirkpatrick@bakerlaw. com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
15570	W26BF-D	ELMIRA	NY	No
125480	WECY-LD	Elmira	NY	No
43452	W19ET-D	BATH	NY	No
62219	WYDC	CORNING	NY	No
128780	W15EG-D	CORNING	NY	No
128778	WJKP-LD	CORNING	NY	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
William Fielder , III .	Manager

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	01/31 /2023
Certified Title	Manager
Authorized Party Name	William A Fielder , III .

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2021-2022 - Annual EEO Report.pdf	Applicant	EEO Public File Report	2021-2022 - Annual EEO Report	Done with Virus Scan and/or Conversion
CTNY License - EEO Narrative Statement.pdf	Applicant	All Purpose	EEO Narrative Statement	Done with Virus Scan and/or Conversion
WYDC 2023 EEO Program Report - FINAL.pdf	Applicant	EEO Public File Report	2022-2023 - Annual EEO Report	Done with Virus Scan and/or Conversion