

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0016955916** | File Number: **0000166508** | Submit Date: **11/05/2021** | Call Sign: **WHDD** | Facility ID: **67774** | City: **SHARON** | State: **CT**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/05/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	Broadcast EEO Program Report
<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>TRI-STATE PUBLIC COMMUNICATIONS, INC.</b> Doing Business As: TRI-STATE PUBLIC COMMUNICATIONS, INC.	67 MAIN STREET SHARON, CT 06069 United States	+1 (860) 364-4640	mmiles@robinhoodradio.com	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Jonathan Mark , Esq . Davis Wright Tremaine LLP	1301 K Street, N.W. Suite 500 East WASHINGTON, DC 20005 United States	+1 (202) 973-4217	JonathanMark@dwt.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
67774	WHDD	SHARON	CT	No
173310	WHDD-FM	SHARON	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?	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	11/05 /2021
Certified Title	President
Authorized Party Name	Marshall Miles

**Attachments**

No Attachments.