

DONOR LIST

Email this form to todriscoll@media.nyc.gov on the first of each January and July. This

	form should include a list of donors for the six (6) months prior to the date of submission.
media	PROGRAM NAME: ARTINA TY
DATE:	JULY 1, 2019 - December 31, 2019
DAIL:	Sur 1, dell - December 31, 2019
DONOR NAME(S):
1	NO DUNURS
11	
12	
13	
14	
15	
16	
17	
18.	
19.	
20.	
I hereby certify ti NYC Media Polici	hat the information above is true and correct and consistent with ies and FCC Rules.
PRINT NAME:	Dens Maroulleti
SIGNATURE: _	DATE: 1/1/20.
12/17/18	25



SIGNATURE:

C 107 140

DONOR LIST

Email this form to compliance@media.nyc.gov on the first of each January and July. This

form should include a list of donors for the preceding six (6) months. PROGRAM NAME: DATE: JULY 1, 2019 TO DECEMBER 31, 2019 DONOR NAME(S): 11. 12.____ 16. 17. I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules. PRINT NAME: _



Email this form to <u>compliance@media.nyc.gov</u> on the first of each January and July. This form should include a list of donors for the preceding six (6) months.

media	PROGRAM NAME:_	Hait	Premiore	C616	(TV)	
	019 TO DECEMBER 31		3			

DONOR NAME(S):
1. Prince Center
2. Legacy Phormacy
3. Chez Mirelle Ristaurant
4. Dr. Jean &. FAYETTE
5. MOS TAX SERVICES
6. FRANTZ CICERON
7. BK 9 Restaurent
8. Dra Supermarket
9. Accordin Shipping
10. La Baquette d'OL
11. Renal SSance Dry Care Center
12.
13
14
15
16
17.
18
19
20
I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules.
PRINT NAME: 1HED SOIZE FAYETTE
SIGNATURE: 140 dr foy H DATE: 8/26/10
6/27/18 25



Email this form to **compliance@media.nyc.gov** on the first of each January and July. This form should include a list of donors for the preceding six (6) months.

	lia PROGRAM NAME: MEC/TV Medga Soes College
DATE: JU	LY 1, 2019 TO DECEMBER 31, 2019
DONOR N	AME(S):
	L
	2
	3
!	1
	5
	5
1	7
1	9.
10.	
11.	
12	0/1
13.	
14.	
15.	
18.	
20.	
	are all all the second and amplification with
	ertify that the information above is true and correct and consistent with ia Policies and FCC Rules.
PRINT N	ME: CLINTON CRONTORD
SIGNATU	RE: UN DATE: 9/4/2020
6/27/18	25



DONOR LIST

Email this form to compliance@media.nyc.gov on the first of each January and July. This

nedia PROGRAM NAME: ROMANIAN TO OF NO
ATE: JULY 1, 2019 TO DECEMBER 31, 2019
DONOR NAME(S):
1 E-Z-CARGO SHilling
1. E-Z-CARGO SHIPPING 2. POMANIAN AMELICAN CASSIBER OF CONNELLO
3. CARLA CUCACEL, MD
a VILLA ALICE
5 NY MAGAZINE
6. NITA ECKOPEAN BAKELY
7
8
9
10
11
12
13.
14
15
16
17.
18.
19.
20.
I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules.
PRINT NAME: ELIAS WEXLER
SIGNATURE: DATE: 09/30/2020

25



DONOR LISTEmail this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the preceding six (6) months.

	LILY 1, 2019 TO DECEMBER 31, 2019
NOR N	IAME(S):
1.	NO DONOR
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
	certify that the information above is true and correct and consistent with ia Policies and FCC Rules.
NAMI	E: JANINA PIRNAR
NATU	RE:DATE: _SEPTEMBER 7TH 2020
7/18	25



Email this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

TS (Ato	oosa and Ari Rubenstein)	
	d in memory of Edith R. and James W. Fishel by the Fishel family	
a the F	ishel Lecture Endowment	9
		-
		40
A		40
	hat the information above is true and correct and consistent with ies and FCC Rules.	
E: _	Andrew Krucoff	
E:	AK DATE:	/30/20



Email this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

me	PROGRAM NAME: Bare Feet with Mickela Mallozzi -	Season 3
	R NAME(S):	
1.	Tourism Ireland	
2.	The Yuen Foundation	
3.	The Ann H. Symington Foundation	
4.	Landcrafted Food	
5.	Tauck Travel	
6.		
8.		
9.		
12.		
16.		
17.		
18.		
19.		
20.		
	by certify that the information above is true and correct and consistent w. Media Policies and FCC Rules.	ith
PRINT	NAME: Mickela Mallozzi	
SIGNA	ATURE: DATE:	March 13, 2020

12/19/2018 28



Email this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

media	PROGRAM NAME: _	Brindiamo!	
bring the risk office. Afternoon or other statement	PROGRAM MAINE:	Difficultion	

DONOR	R NAME(S):	
1.	Gioielli DOP	
2.	APPIA GRANITE	
3.		
4.		
	·	
9.		
10.		
15.		
		- Win - Court to require a graph
20.		
NYC M	by certify that the information above is true and correct and content and cont	onsistent with
	ATURE:	DATE: February 13-2020
12/19/2	2018	



DO

DONOR LIST

Email this form to <u>compliance@media.nyc.gov</u> on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

media PROGRAM NAME: Brooklyn Savoy

IA					B	1	
-	Inve	estors	Sa	ving	Ba-	h	
				•			
SOCIAL PROPERTY.							
Section of the last							
Section Section							

I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules.

PRINT NAME: Antonia Yuille Williams
SIGNATURE: Ontony Yulle Welle

DATE: 9/10/20

media PROGRAM NAME: Firehouse Hitchen	
DONOR NAME(S): 1. RW Printe (Resorts World Casino NYC) 2. Best Market 3. Riverhead Bay Motors 4. Murphs Famos Bloody Mary Mix 5. Shaolin Self Defence Centers 6. Fire New S 7. Gentat Dental 8. Rene Moagmang Teiwelery 9. Di Car lo Food Service	
9. Di Car la Food Service	
10. firtighter tasions	
11. Horne	
12.	
13.	
14.	
15.	
16	
17.	
18	
19.	
20	
hereby certify that the information above is true and correct and consistent with YC Media Policies and FCC Rules.	75
EINT NAME: Ray Cooney 5an 20	1
SNATURE: DATE: DATE:	7
19/2018 28	



Email this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

media PROGRAM NAME: food. curated. **DONOR NAME(S):** 1. No donors to report. 17. _____ I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules. PRINT NAME: Liza deGuia SIGNATURE: DATE: 2/10/20

12/19/2018 28



Email this form to **compliance@media.nyc.gov** on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

media	PROGRAM NAME:	Insula	Leno	2020

meala	PROGRAM NAME: _	Insudo	Lens	2021		
DONOR NAME(S)	:					
1 <i>No</i>	NE					
•						
						
	NAMES OF THE PARTY					
13						
	- Lander of the Control of the Contr					
				······································		
NYC Media Polic	hat the information ab ies and FCC Rules.					
PRINT NAME: _	MARCIA	recu				
SIGNATURE:	MARCIA	Rock	<u>.</u>	DATE:	?-13	20



Email this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

	submission.		
media	PROGRAM NAME:	Potluck with Ali Rosen	
DONOR NAME	(s):		
1. Ha	achette Publishing Group	- Bring It!	
2.			
4.0			
19			
20			
	y that the information above licies and FCC Rules.	is true and correct and consistent with	
PRINT NAME:	Λ Ali Rosen		
SIGNATURE:	4	DATE:	Text

NY E| media

DONOR LIST

Email this form to compliance@media.nyc.gov on the first of each January and July.

This form should include a list of donors for the six (6) months prior to the date of submission.

PROGRAM NAME: PROFILES (July 1, 2019 – December 31, 2019)

DONOR NAME(S):

1. Manhattan Surgical Care (Profiles: July 1, 2018 - present)
2. The Algonquin Hotel (Profiles: January 19, 2019 - present)
3. OPP Neuro Spa (Profiles: May 18, 2019 - present)
4. Shyne Cleaning Services (Profiles: August 17, 2019 - present)
5.
6.
7.
8.
9.
10.

I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules.

PRINT NAME: Monina Montenegro

SIGNATURE: M. Mothy DATE: 1/2/20



Email this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

	,
DONOR NA	ME(S):
1.	2510NOC O(N
myserial consistency of the second grant to grant	
	₹7
20.	
3.75	ertify that the information above is true and correct and consistent with a Policies and FCC Rules.
PRINT NAI	ME: Rold (MCDANES
SIGNATUR	1/2/2020



Email this form to compliance@media.nyc.gov on the first of each January and July. This form should include a list of donors for the six (6) months prior to the date of submission.

media PROGRAM NAME: WHAT'S EATING HARLEM

1. HA	ARLEM COMMUNITY DEVELOPMENT CORPORATION	
2		
5		
7		
8		
9		
10		
11		
12		
13		
14		
15	*	
16		
17		
18		
19		
20		
IYC Medi	certify that the information above is true and correct and consistent with ia Policies and FCC Rules. AME: PAUL PHILLIPS	
	$\Omega \cap \Omega \cap \Omega \cap \Omega$	7/2020
IGNATU	RE: DATE:	//2020