

Email this form to <a href="mailto:compliance@media.nyc.gov">compliance@media.nyc.gov</a> on the first of each January and July. This  $forms hould include a list of \frac{donors}{for the preceding six (6) months.}$ 

DATE.	<b>JANUARY 1, 2020 TO JUNE 30</b>	n 2020
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media PROGRAM NAME: AKTINA TV	
DATE: JANUARY 1, 2020 TO JUNE 30, 2020	
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I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules.	
PRINT NAME: Elena Maroulleti	
SIGNATURE: Clena Maroulleti DATE: 8/25/20	

6/27/18 25



SIGNATURE:

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#### **DONOR LIST**

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PROGRAM NAME: **DATE: JANUARY 1, 2020 TO JUNE 30, 2020 DONOR NAME(S):** 4. 10. \_\_\_\_\_ 12. 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:



DONOR LIST

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media PROGRAM NAME: KON AN TO OF NY
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DONOR NAME(S):
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3. CARLA CHCACEL, MD
4. VILLA ALICE
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I hereby certify that the information above is true and correct and consistent with NYC Media Policies and FCC Rules.
PRINT NAME: GLIAS WEXLER
SIGNATURE: DATE: 09/30/2020
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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: SLOVENIAN MAGAZIN DATE: JANUARY 1, 2020 TO JUNE 30, 2020 **DONOR NAME(S):** 1. NO DONOR I hereby certify that the information above is true and correct and consistent with

NYC Media Policies and FCC Rules.

PRINT NAME: JANINA PIRN	AR
SIGNATURE:	DATE: SEPTEMBER, 7TH 2020
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media PROGRAM NAME: 92Y ON NYC Life

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**SIGNATURE:** 

\_\_\_\_\_ DATE: \_\_\_\_\_

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	Federico hair salon	
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	Ornella Fado		
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SIGNATURE:	Call		DATE: August 27th 2020
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PROGRAM NAME: Brooklyn Sawy

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

PRINTNAME: Antonia Phille Williams

SIGNATURE: antono Yuelle Wille

DATE: 9/10/20

media PROGRAM NAME: Firehouse Kitchen
DONOR NAME(S):
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I hereby certify that the information above is true and correct and consistent with
NYC Media Policies and FCC Rules.
PRINT NAME: Ray Coney
MIE 141060
SIGNATURE:
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DONOR NAME(S):				
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I hereby certify th NYC Media Polici	-	s true and correct and consis	tent wit	h
PRINT NAME: Li	iza deGuia			
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media	PROGRAM NAME:	Potluck with Ali Rosen	
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PRINT NAME: _	Ali Rosen		
SIGNATURE: _	A	DATE: _	10-27-20

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PROGRAM NAME: "PROFILES" (January 1, 2020 through June 30, 2020)

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DONO	R NAME(S	<b>)</b> :				
1.	Manhatt	an Surgical Care (July	/ 1, 2018 - Febr	uary 29, 2	020)	
2.	The Algo	nquin Hotel (January	19, 2019 - pres	sent)		
3.	OPP Neu	ro Spa (May 18, 2019	9 - March 7, 202	20)		
4.	Shyne Cl	eaning Services (Augu	ust 17, 2019 - p	resent)		
5.	Portobell	o Cafe(March 7, 2020	0 - present)			
6.	Spinelli 8	Associates (March 14	1, 2020 - presen	nt)		
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		nat the information abound FCC Rules.	ve is true and cor	rrect and co	onsistent with NYC	
PRIN	T NAME:	Monina Montenegro				
SIGN	ATURE:	M. Motory		DATE:	7/7/20	



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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

#### **DONOR NAME(S):**

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