

Please read instructions before completing and for Notice regarding public burden.

1. Name and Mailing Address of Respondent

☐ Check here if this is a change of address.

1/18/2019

4. Number of Full-Time Employees during Selected Reporting Period (check one):

a. ☒ Fewer than 16 (complete Sections I, IV, and V only)

b. ☐ 16 or more (complete all sections)

SECTION II - Full-Time Employees

FCC 395
Revised December 2007

SECTION III - Part-Time Employees.

Number of Employees

(Report employees in only one category)

Job Categories

Race/Ethnicity

Not-Hispanic or Latino

Hispanic or Latino

Male

Female

Total
Columns
A - N

	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers	1.1														0
First/Mid-Level Officials and Managers	1.2														0
Professionals	2														0
Technicians	3														0
Sales Workers	4														0
Administrative Support Workers	5														0
Craft Workers	6														0
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9														0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11														0

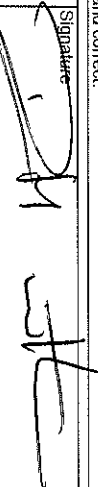
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date
4/22/19Typed or Printed Name of Person Signing
Ruth WitterSignature
Telephone No.
541-929-8243Title of Person Signing
Asst. Treasurer

WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).