

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB

3060-0076

Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

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

SECTION 1 - General Information	
1. Name and Mailing Address of Respondent OE Connect, LLC 3192 County Highway 11, PO Box 128 Hartwick, NY 13348	<input type="checkbox"/> Check here if this is a change of address.

2. Year Report Filed 2019	3. Reporting Period (Ending Date of Pay Period Covered by Report)	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. <input type="checkbox"/> Fewer than 16 (complete Sections I, IV, and V only) b. <input checked="" type="checkbox"/> 16 or more (complete all sections)
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SECTION II - Full-Time Employees.																
Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
		Hispanic or Latino		Male						Not Hispanic or Latino						
				Female						Two or more races						
		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	Total Columns A - N	
Executive/Senior Level Officials and Managers		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1.1				2			1									3
First/Mid-Level Officials and Managers																
1.2																
Professionals				1												1
Technicians																
Sales Workers																
Administrative Support Workers										4						4
Craft Workers				11												11
Operatives																
Laborers and Helpers																
Service Workers																
TOTAL				14			1			4						19
PREVIOUS YEAR TOTAL				N/A			N/A			N/A						N/A

SECTION III - Part-Time Employees.


Job Categories	Number of Employees (Report employees in only one category)																Total Columns A - N
	Race/Ethnicity																
	Hispanic or Latino		Not-Hispanic or Latino														
			Male							Female							
	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																	
First/Mid-Level Officials and Managers																	
1.2																	
Professionals																	
2																	
Technicians																	
3																	
Sales Workers																	
4																	
Administrative Support Workers																	
5																	
Craft Workers																	
6																	
Operatives																	
7																	
Laborers and Helpers																	
8																	
Service Workers																	
9																	
TOTAL																	
10																	
PREVIOUS YEAR TOTAL																	
11																	

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.166, 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 anybody 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	5/15/19	Typed or Printed Name of Person Signing	Tim Johnson	Signature		Telephone No.	607-293-6622
Title of Person Signing				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).			
CEO							