

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554Approved by OMB
3060-0076
Est. time per response:
1 hour

SECTION 1 - General Information

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

1. Name and Mailing Address of Respondent

Fidelity Telephone
64 N Clark St
Sullivan, MO. 63080☐ 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)

04/05/2019

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.

Job Categories		Number of Employees (Report employees in only one category)															Total Columns A - N
		Race/Ethnicity															
		Non-Hispanic or Latino															
		Hispanic or Latino		Male						Female							
Male	Female	White	Black or African American	Native Hawaiian or Other Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other 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							5						14			
First/Mid-level Officials and Managers	1.2							9						20			
Professionals	2							10						29			
Technicians	3													0			
Sales Workers	4							2						4			
Administrative Support Workers	5							34						41			
Craft Workers	6													48			
Operatives	7	1												4			
Laborers and Helpers	8													2			
Service Workers	9							2						2			
TOTAL	10	1	0	100	1	0	0	0	62	0	0	0	0	164			
PREVIOUS YEAR TOTAL	11													169			

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Categories	Total Columns A - N													
	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
Executive/Senior Level Officials and Managers	1.1													0
	1.2													0
First/Mid-Level Officials and Managers														0
Professionals	2													0
Technicians	3													0
Sales Workers	4													0
Administrative Support Workers	5		1						4					5
Craft Workers	6		1											1
Operatives	7								1					1
Laborers and Helpers	8													0
Service Workers	9		1											1
TOTAL	10	0	0	3	0	0	0	0	5	0	0	0	0	8
PREVIOUS YEAR TOTAL	11													8

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.158, 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	Typed or Printed Name of Person Signing	Signature	Telephone No.
05/04/2019	Carla Cooper	<i>Carla Cooper</i>	573-468-1218
Title of Person Signing		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1007) 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).	
V.P. Finance			

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB

3080-0078

Est. time per response:
1 hour

SECTION 1 - General Information

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

1. Name and Mailing Address of Respondent

Fidelity Cablevision
64 N Clark St
Sullivan, MO. 63080☐ 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)

04/05/2019

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.

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		
Executive/Senior Level Officials and Managers	1.1			1												1	
First/Mid-Level Officials and Managers	1.2										1					1	
Professionals	2			1	1											2	
Technicians	3															0	
Sales Workers	4										4					4	
Administrative Support Workers	5		1								6	1				11	
Craft Workers	6	1		34	6		2	8								51	
Operatives	7				1			1								2	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	1	1	36	8	0	0	2	9	11	1	0	0	0	3	72	
PREVIOUS YEAR TOTAL	11															72	

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Job Categories	Job														
	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N
			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													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			1										1	
Laborers and Helpers	8													0	
Service Workers	9													0	
TOTAL	10	0	0	1	0	0	0	0	0	0	0	0	0	1	
PREVIOUS YEAR TOTAL	11													1	

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	05/04/2019	Typed or Printed Name of Person Signing	<i>Cara Cooper</i>	Signature	<i>Cara Cooper</i>	Telephone No.	573-468-1218
Title of Person Signing		V.P. Finance		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1007) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FOREFEITURE (47 U.S.C. 509).			

SECTION 1 - General Information

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

1. Name and Mailing Address of Respondent

Cobridge Communications LLC
64 N Clark St
Sullivan, MO. 63080☐ 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)

04/05/2019

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.

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			1										1				
First/Mid-Level Officials and Managers	1.2													0				
Professionals	2			7				1			3			11				
Technicians	3													0				
Sales Workers	4			1						11		1		13				
Administrative Support Workers	5		1	17				1		59	6			3	87			
Craft Workers	6	3		73	16			1	2	2				97				
Operatives	7			4						2				6				
Laborers and Helpers	8													0				
Service Workers	9													0				
TOTAL	10	3	1	103	16	0	0	2	3	77	6	1	0	0	3	215		
PREVIOUS YEAR TOTAL	11															225		

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Job Categories	Total Columns A - N														
	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														0
First/Mid-Level Officials and Managers	1.2														0
Professionals	2		1												1
Technicians	3		3						1	1					5
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	4	0	0	0	0	1	1	0	0	0	0	6
PREVIOUS YEAR TOTAL	11														7

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	Typed or Printed Name of Person Signing	Signature	Telephone No.
05/04/2019	Carla Cooper	Carla Cooper	573-468-1218
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).	
V.P. Finance			

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554Approved by OMB
3080-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

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

SECTION I - General Information

1. Name and Mailing Address of Respondent

Fidelity Communications Co
64 N Clark St
Sullivan, MO. 63080☐ 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)

04/05/2019

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.

Job Categories		Number of Employees (Report employees in only one category)																
		Race/Ethnicity																
		Hispanic or Latino		Not-Hispanic or Latino														Total Columns A - N
				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															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	0		
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Categories	Total														
	Hispanic or Latino		Not-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	
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	05/04/2019	Typed or Printed Name of Person Signing	Carl Cooper	Signature	Carl Cooper	Telephone No.	573-48-1211
Title of Person Signing	V.P. Finance			WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1007) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORTFEITURE (47 U.S.C. 503).			