

FCC 395		FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554 COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]				Approved by OMB 3060-0076 Est. time per response: 1 hour										
SECTION 1 - General Information																
1 Name and Mailing Address of Respondent :		McDaniel Cellular Telephone Company 8410 Bryn Mawr Ave Chicago, Illinois 60631 <i>Internal Company Code(s): 0367</i>														
FRN: 1562107 2. Year Report Filed 2018		3. Reporting Period (Ending Date of Pay Period Covered by Report) 3/15/2018 to 3/31/2018		4 Number of Full-Time Employees during Selected Reporting Period (check one) a. <input checked="" type="checkbox"/> Fewer than 16 (complete Sections 1, IV, and V only) b. <input type="checkbox"/> 16 or more (complete all sections)		<input type="checkbox"/> Check here if this is a change of address										
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										
		Male		Female												
		Black or African American	White	Black or African American	White	Black or African American	White									
		Native Hawaiian or Other Pacific Islander	Asian	Native Hawaiian or Other Pacific Islander	Asian	Native Hawaiian or Other Pacific Islander	Asian									
		American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaska Native									
		Two or more races	Two or more races	Two or more races	Two or more races	Two or more races	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers 1.2		0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 2		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 3		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 4		1	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers 5		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers 6		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 7		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers 8		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers 9		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL 10		1	2	3	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11		2	1	2	0	0	1	0	0	0	0	0	0	0	0	12

SECTION III - Part Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Not-Hispanic or Latino

Job

Hispanic or
Latino

Male

Female

Categories

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

Total
Columns
A-N

Executive/Senior Level
Officials and Managers 1.1

A

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D

E

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First/Mid-Level Officials
and Managers 1.2

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