



## SECTION III - Part Time Employees.

**Number of Employees**  
(Report employees in only one category)

Race/Ethnicity

Not-Hispanic or Latino

Hispanic or  
Latino

Male

Female

**Job  
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

	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	0	0	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
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	2	0	0	0	0	0	0	0	3	0	0	0	0	5
Administrative Support Workers	5	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
Operatives	7	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
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	2	0	0	0	0	0	0	0	3	0	0	0	0	5
PREVIOUS YEAR TOTAL <sup>11</sup>	2	0	0	0	0	0	0	0	0	3	0	0	0	0	5

## 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  
5/15/2018

Typed or Printed Name of Person Signing  
Gina M. Cozzone

Signature

Telephone No  
773 399-7047

Title of Person Signing  
Government Compliance Diversity Manager

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)