

ANY INQUIRIES CONCERNING THIS  
FILING MAY BE REFERRED TO  
BLOOSTON, MORDKOFKY, DICKENS  
DUFFY & PRENDERGAST, LLP  
2120 L STREET, N.W.  
WASHINGTON, D.C. 20037  
(202) 659-0830

FCC 395

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 I - General Information

1. Name and Mailing Address of Respondent

Panora Communications Cooperative  
114 East Main Street  
Panora, Iowa 50216

☐ 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)

March 27, 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							Female						
			Male					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	
	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 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														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, the 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 <b>05/28/2019</b>	Typed or Printed Name of Person Signing <b>Andrew M. Randol</b>	Signature 	Telephone No. <b>(641) 755-2424</b>
Title of Person Signing <i>General Manager</i>		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. 503).	