**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 1 - General Information**

1. Name and Mailing Address of Respondent

CTC Telcom, Inc. dba Mosaic Telecom
P.O. Box 664
401 South 1st Street
Cameron, WI 54822

☐ Check here if this is a change of address.

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay Period Covered by Report)

No Employees

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.**

| 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 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. |
|---|---|---|---|
| 05/31/2017 | N. Scott Behn | N Scott Behn | (715) 458-5400 |

| Title of Person Signing | |
|---|---|
| Chief Executive Officer | 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). |