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FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

Approved by OMB

PUBLIC FILE

Annual Employment Report

(See Instructions)

SUBMIT two copies to FCC

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SECTION I (applicable to all respondents)

A. ☐ COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.

B. ☐ COMMON CARRIER Respondents with 16 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent sections of the form. Sign and return to the FCC.

C. ☐ BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.

D. ☒ BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

A. Check one, to indicate type of respondent
☒ Broadcast Respondent
☐ Common Carrier Respondent

B. Pay Period Ending Covered by this Report: (date)

March 16, 1986

C. Name and address of respondent

E Z Communications, Inc.
P. O. Box 10103
Fairfax, Va. 22030-8003

(FOR COMMISSION USE ONLY)

CODE NO. 8217

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

A. ☒ For a single employment unit consisting of one or more stations

B. ☐ For a single Headquarters Office Report

C. ☐ A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

AM ☐ AM
TV ☐ TV
☐ International

FM ☒ FM Independent
AF ☐ Combined AM and FM
FA ☐ FM Affiliated with AM in same area

(2) If station is noncommercial, check one

ET ☐ Educational TV
ER ☐ Educational Radio

(3) Call Letters	Location
WBZZ	Pittsburgh, Pa.

Federal Communications Commission
Docket No. 93-88 Exhibit No. 16
Presented by ALLEGHENY
Disposition: Identified 10/26 Received 10/26 Rejected
Reporter BARBARA LOKD
Date 10/26/93

FCC Form 395
January 1986

B. If a *Headquarters Office Report*, list here (or in Appendix____, if this space is insufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)
N/A		

C. If a *Consolidated Report*, list here (or in Appendix____, if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations
N/A	

SECTION V	(Section V and VI applicable to all respondents)												
FULL-TIME PAID EMPLOYEES JOB CATEGORIES[1]	ALL EMPLOYEES[2]			MALE					FEMALE				
				MINORITY GROUP EMPLOYEES					MINORITY GROUP EMPLOYEES				
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
Officials and Managers	8	3	5					3					5
Professionals	7	7		1				6					
Technicians	2	2						2					
Sales workers	8	4	4					4	1				3
Office and Clerical	2		2										2
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	27	16	11	1				15	1				10
Total employment from previous Report (if any)	26	15	11	1				14	3				8

SECTION VI	(Section VI column titles same as Section V)												
PART-TIME PAID EMPLOYEES JOB CATEGORIES[1]													
Officials and Managers													
Professionals	5	3	2					3					2
Technicians													
Sales workers													
Office and Clerical													
Craftsperson (Skilled)	1	1						1					
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	6	4	2					4					2
Total employment from previous Report (if any)	7	5	2					5					2

[1]Refer to instructions for explanation of all title functions.
[2]Include "Minority Group Employees" and others. See Instruction 7.

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES[1]			MALE					FEMALE				
					MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	(8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	(13)
On-the-job trainees[2]	White Collar													
	Production													

[1]Include "Minority Group Employees" and others. See instruction 7.
[2]Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed _____ Title Vice President

Date May 27, 1986 Name of Respondent E Z Communications, Inc.

Telephone No. (Include area code) (703) 591-1000

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.