

Document #281
Annual Employment Report
July 2000

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0390 (April 2000)	FOR FCC USE ONLY CODE NO. -
<u>BROADCAST STATION ANNUAL EMPLOYMENT REPORT</u>		

SECTION I			
Legal Name of the Licensee Station Ventures Operations, LP			
Mailing Address 8330 Engineer Rd.			
City San Diego	State or Country (if foreign address) CA		Zip Code 92111 - 2493
Telephone Number (include area code) 8582793939	E-Mail Address (if available)		
	Facility ID Number 35277	Call Sign KNSD	

SECTION II			
A. TYPE OF RESPONDENT:	Commercial Broadcast Station	Noncommercial Broadcast Station	Headquarters
	<input type="radio"/> Radio	<input type="radio"/> Educational Radio	<input type="radio"/> HQ
	<input checked="" type="radio"/> TV	<input type="radio"/> Educational TV	
	<input type="radio"/> Low Power TV		
	<input type="radio"/> International		

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Stations Locations

SECTION III	
A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE)	JULY 31-AUGUST 11, 2
B. CHECK APPLICABLE BOX	
<input type="radio"/>	Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
<input checked="" type="radio"/>	Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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

Signed <i>Phyllis Schwartz</i>	Print Name PHYLLIS SCHWARTZ
Title PRESIDENT & GENERAL MANAGER	Telephone No. (include area code) (858) 279-3939
Date 9/20/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

Full-Time Paid Employee Data

B. PART-TIME PAID EMPLOYEE DATA

Part-Time Paid Employee Data

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SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

		MALE					
Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	
1. OFFICIALS & MANAGERS	28	13	2	2	0	0	
2. PROFESSIONALS	63	23	1	5	2	0	
3. TECHNICIANS	57	25	1	10	3	1	
4. SALES WORKERS	9	1	0	1	0	0	
5. OFFICE & CLERICAL	13	0	0	0	0	0	
6. CRAFT WORKERS (SKILLED)							
7. OPERATIVES (SEMI-SKILLED)							
8. LABORERS (UNSKILLED)							
9. SERVICE WORKERS	1	0	1	0	0	0	
10. TOTAL	171	62	5	18	5	1	

		FEMALE					
Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)	
1. OFFICIALS & MANAGERS		7	1	2	1	0	
2. PROFESSIONALS		18	2	8	4	0	
3. TECHNICIANS		14	1	0	2	0	
4. SALES WORKERS		7	0	0	0	0	
5. OFFICE & CLERICAL		10	2	0	1	0	
6. CRAFT WORKERS (SKILLED)							
7. OPERATIVES (SEMI-SKILLED)							
8. LABORERS (UNSKILLED)							
9. SERVICE WORKERS							
10. TOTAL		56	6	10	8	0	

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SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

		MALE				
Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1. OFFICIALS & MANAGERS						
2. PROFESSIONALS	2	2				
3. TECHNICIANS	17	10	2	1	1	0
4. SALES WORKERS						
5. OFFICE & CLERICAL	10	2				
6. CRAFT WORKERS (SKILLED)						
7. OPERATIVES (SEMI-SKILLED)						
8. LABORERS (UNSKILLED)						
9. SERVICE WORKERS						
10. TOTAL	29	14	2	1	1	0

		FEMALE				
Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1. OFFICIALS & MANAGERS						
2. PROFESSIONALS						
3. TECHNICIANS		2	0	1	0	0
4. SALES WORKERS						
5. OFFICE & CLERICAL		6	0	0	2	0
6. CRAFT WORKERS (SKILLED)						
7. OPERATIVES (SEMI-SKILLED)						
8. LABORERS (UNSKILLED)						
9. SERVICE WORKERS						
10. TOTAL		8	0	1	2	0

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