Document #281 Annual Employment Report July 2000

					FOR FCC USE ONLY			
Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-0390 (April 2000)						
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BROADCAST STATI	ION ANNU REPORT							
SECTION I				E				
Legal Name of the Licensee						<del>-</del>		
Station Ventures Operations, Ll	P							
Mailing Address 8330 Engineer Rd.								
City		State or Country (if	f foreign add	iress)		Zip Code		
San Diego		CA	500035000000000000000000000000000000000	000000000000000000000000000000000000000		92111 - 2493		
Telephone Number (include are 8582793939	ea code)	E-Mail Address (if	available)					
		Facility ID Number			Call Sign			
		35277			KNSD			
	<b>*************************************</b>	***************************************	· · · · · · · · · · · · · · · · · · ·	······································	<u>*************************************</u>			
SECTION II		<u></u>		acca, accamana ana amana a	and the second s			
A. TYPE OF RESPONDENT:	Commercial Broadcast Station		Noncommo Broadcast					
RESPONDENT:	O Radio		1	t Station HQ HQ eational Radio				
	① TV		O Educational TV		-			
	O Low Pov	ver TV	C Educational I v					
	O Internati	onal						
B. List call sign and location of which share one or more employ  Stations Locations		hose employees are	on this repo	ort. This should	l include commonly	owned stations		
SECTION III								
A. PAYROLL PERIOD COVE	RED BY TH	IS REPORT (DATE	E) JULY 31	-AUGUST 11,	2			
B. CHECK APPLICABLE BOX								
Fewer than five full-time en			ring the sele	cted payroll pe	eriod (Complete page	one only and		
certification statement and  Five or more full-time emp			the colocte	d navrall paris	od (Complete all acet	ions of form		
and certification statement			s the selecte	u payron peric	od (Complete an sect	TOUS OF TOTAL		
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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 b	pelief, all statements contained in this report are true and correc				
Signed // //	Print Name				
fly Dhuaez	PHYLLIS SCHWARTZ				
Title /	Telephone No. (include area code)				
PRESIDENT & GENERAL MANAGER	(858) 279–3939				
Date					
9/20/2000	** *** *** *** ***				
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

1000000	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)						, 2000000000000000000000000000000000000	
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	a de la companya de l	7	1	2	1	0	
2.	PROFESSIONALS	er enouge page de	18	2	8	4	0	
3.	TECHNICIANS	Science (4)	14	1	0	2	0	
4.	SALES WORKERS	hayeeya ee	7	0	0	Ö	Ö	
5.	OFFICE & CLERICAL	от полительной полительной полительной полительной полительной полительной полительной полительной полительной Полительной полительной полительной полительной полительной полительной полительной полительной полительной по	10	2	0	1	0	
6.	CRAFT WORKERS (SKILLED)	Tr. Call Control					Andread Control of Cont	
7.	OPERATIVES (SEMI-SKILLED)	Virgining and service of the service						
8.	LABORERS (UNSKILLED)			S. C.				
9,	SERVICE WORKERS	Tarini ini manana ang			200000000000000000000000000000000000000			
10.	TOTAL	Same and the same	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)	
	OFFICIALS & MANAGERS						I I I I I I I I I I I I I I I I I I I	
2.	PROFESSIONALS	2	2					
3.	TECHNICIANS	17	10	2	1	1	0	
4.	SALES WORKERS							
1	OFFICE & CLERICAL	10	2	000000000000000000000000000000000000000				
	CRAFT WORKERS (SKILLED)							
7.	OPERATIVES (SEMI-SKILLED)							
1	LABORERS (UNSKILLED)	I was a second						
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)	INDIAN,	
1	OFFICIALS & MANAGERS							
2.	PROFESSIONALS							
3.	TECHNICIANS		2	0	1	0	0	
4.	SALES WORKERS							
1	OFFICE & CLERICAL		6	0	0	2	0	
1	CRAFT WORKERS (SKILLED)							
7.	OPERATIVES (SEMI-SKILLED)							
ŧ	LABORERS (UNSKILLED)							
9.	SERVICE WORKERS							
10.	TOTAL		8	0	1	2	0	

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