

BROADCAST AND CABLE INITIAL ELECTION STATEMENT

(For FCC Use Only)

Code No.

Legal Name of the Licensee or Operator DEKALB COUNTY RADIO, LTD.		
Mailing Address of the Licensee or Operator 2201 NORTH 1ST STREET, SUITE 95		
Cable Operator MSO Name		
City DEKALB	State or Country (if foreign address) DEKALB, ILLINOIS	Zip Code 60115
County and State in which cable unit's employment office is located		Telephone Number (include area code) 815 758-0950
Facility ID Number or Employment Unit ID Number 16408	Broadcast Call Sign WDKB	E-Mail Address (if available)

TYPE OF BROADCAST STATION: Commercial Broadcast Station Noncommercial Broadcast Station
(if applicable)

- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Radio | <input type="checkbox"/> TV | <input type="checkbox"/> Educational Radio |
| <input type="checkbox"/> Low Power TV | <input type="checkbox"/> International | <input type="checkbox"/> Educational TV |

List call sign and location of all stations included on this statement. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)	Time Brokerage Agreement (check applicable box)
WDKB	16408	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	DEKALB, IL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No

SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS INDICATED BELOW:

Name TANA KNETSCH		Street Address 2201 NO 1ST STREET, #95	
City DEKALB	State IL	Zip Code 60115	Telephone No. (815) 758-0950

FILING INSTRUCTIONS. Broadcast station licensees and cable entities are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Sections 73.2080 and 76.71 et seq. Pursuant to these requirements, a broadcast station employment unit that employs five or more full-time station employees, and a cable employment unit with six or more full-time employees must file an initial election statement. If a broadcast station employment unit employs fewer than five full-time employees, or a cable employment unit employs fewer than six full-time employees, no election statement need be filed.

A copy of this statement must be kept in the broadcast station's or cable unit's public file. Failure to meet these requirements may result in sanctions or remedies. These requirements are contained in 47 C.F.R. Sections 73.2080 or 76.75 and are authorized by the Communications Act of 1934, as amended.

Does your broadcast station employment unit employ fewer than five full-time employees?
 Does your cable employment unit employ fewer than six full-time employees?
 Consider as "full-time" employees all those permanently working 30 or more hours a week.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

If your broadcast station employment unit employs fewer than five full-time employees, or your cable employment unit employs fewer than six full-time employees, complete the certification below, return the form to the FCC, and place a copy in your broadcast station(s) or cable unit(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees or your cable employment unit employs six or more full-time employees, you must complete all of this form and follow all instructions.

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>Jana Knetsch</i>	Name of Respondent <i>TANA KNETSCH</i>
Title <i>PRESIDENT</i>	Telephone No. (include area code) <i>815 758-0950</i>
Date <i>5/19/00</i>	

RECRUITMENT ELECTION

Please indicate whether the broadcast station employment unit or cable employment unit will utilize the supplemental recruitment measures, or the alternative recruitment option, as described in Paragraph 78 in Review of the Commission's Broadcast and Cable Equal Employment Opportunity Rules and Policies and Termination of the EEO Streamlining Proceeding, Report and Order, FCC 00-20, released February 2, 2000 ("Report and Order"). This Report and Order can be downloaded from the Commission's web site at http://www.fcc.gov/Bureaus/Mass_Media/Orders/2000/fcc00020.txt.

Supplemental Recruitment Measures (Option A) Alternative Recruitment Option (Option B)

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this report. We will use the information you provide to determine if the benefit requested is consistent with the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your request may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your request may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. In addition, all information provided in this form will be available for public inspection. If you owe a past due debt to the federal government, any information you provide may also be disclosed to the Department of Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. We have estimated that each response to this collection of information will average 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0923), Washington, D. C. 20554. We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0923.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.