



Control Number: 30240



Item Number: 1861

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SECTION 1 - General Information

Poka Lambro Telecommunications, Ltd.
P.O. Box 1340
Tahoka, Texas 79373-1340

COMMISSION
FILING CLERK

☐ Check here if this is a change of address.

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

4. Number of Full-Time Employees during Selected Reporting Period (check one):
 a. ☒ Fewer than 15 (complete Sections I, IV, and V only)
 b. ☐ 16 or more (complete all sections)

Number of Employees
(Report employees in only one category)

[illegible]

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SECTION III - Part-Time Employees

Job Categories	Number of Employees (Report employees in only one category)															Total Columns A - N
	Race/Ethnicity															
	Hispanic or Latino		Not-Hispanic or Latino													
			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	
PREVIOUS YEAR TOTAL	11	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, 30.168, 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, the 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	05/18/2011	Typed or Printed Name of Person Signing	David McEndree	Signature	<i>David McEndree</i>	Telephone No.	(806) 924-7234
Title of Person Signing				CEO Poka Lambro Management LLC GP			

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)

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