This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
08/23/2018	\$ ALLOCATION NUMBER			

email to:

Return completed workbook by

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	2018/1							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Verizon New York Inc							
				063010 2018/1				
	PO Box 152092, MC: HQE03H19 Irving, TX 75015-2092							
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of							
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Buffalo, NY) VHO 15							
	MAILING ADDRESS OF CABLE SYSTEM:  548 Elmwood Ave  (Number, street, rural route, apartment, or suite number)  Buffalo, NY 14222 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b				
Area	with all communities.	T						
Served	CITY OR TOWN	STATE						
First Community	Community							
	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.  CH LINE UP	SUB GRP#				
	Alda	MD	A	30B GRF#				
Sample	Alliance	MD	В	2				
	Gering	MD	В	3				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

-ORM SA3E. PAGE 1b.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Verizon New York Inc			063010					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.								
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.								
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-co- channel line-up designated by an alpha-letter(s) (based on your Space G reporting (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	) and a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
AMHERST (TOWN)	NY	Α		First				
BLASDELL (VILLAGE)	NY	Α		Community				
HAMBURG (TOWN)	NY	A						
HAMBURG (VILLAGE)	NY	A						
KENMORE (VILLAGE)	NY	Α						
LACKAWANNA CITY	NY	Α		See instructions for				
ORCHARD PARK (TOWN)	NY	A		additional information				
ORCHARD PARK (VILLAGE)	NY	A		on alphabetization.				
TONAWANDA (ERIE) TOWN	NY	A						
WEST SENECA (TOWN)	NY	A						
				Add rows as necessary.				


Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Verizon New York Inc
063010

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:						7 - 17 -
Service to first set	57,863	\$ 12	.99			
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	750	\$ 25	.00			
Converter						
Residential						
Non-residential						
		1		[*************************************	I	Ī

## F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2					
BLOCK 1  CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
• Pay cable	\$	15.00	Motel, hotel		See Tab Attachment B	
Pay cable—add'l channel			Commercial			
Fire protection			• Pay cable			
•Burglar protection			Pay cable-add'l channel			
Installation: Residential			Fire protection			
• First set	\$	99.00	Burglar protection			
Additional set(s)	\$		Other services:			
• FM radio (if separate rate)			Reconnect			
• Converter			Disconnect			
			Outlet relocation	\$ 65.00		
			Move to new address			
			move to now address			

Category of Service	Residential Rate	Commercial Rate
Block 1	15.00	15.00
Pay Cable Pay Cable - add'l Channel	15.00	15.00
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2	00.00	00.00
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	54.99	N/A
Fios TV Mundo	49.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Fios Prepaid Service Offering:		
25 Mbps Internet	60.00	N/A
50 Mbps Internet	65.00	N/A
TV Mundo	40.00	N/A
TV Mundo Total	50.00	N/A
Custom TV Kids & Pop	40.00	N/A
Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV Lifestyle & Regity	50.00	N/A N/A
Custom TV Lifestyle & Reality Custom TV Infotainment & Drama	40.00	N/A N/A
	40.00	N/A N/A
Custom TV Home & Family	50.00 16.00	Varies
Spanish Language Package  Music Choice Package	N/A	34.99
Playboy	16.99	34.99 N/A
International Premium On Demand	Varies	Varies
	v a1165	v ancs

	Residential	Commercial
Category of Service	Rate	Rate
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box	12.00	11.99
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	10.00	N/A
Fios Advanced Wi-Fi Router	7.99	N/A
HD Business Media DVR	N/A	19.99
HD Digital DVR	N/A	16.99
Fios TV Activation Fee	N/A	99.99
DVR Service	12.00	N/A
Multi-room DVR Service	15.00	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Specialty DVR Upgrade	50.00	N/A
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
Set-Top Box Retrieval Fee	N/A	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	110.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Wireless Router	100.00	100.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063010 Verizon New York Inc PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **WGRZ** 2 Ν No **Buffalo WIVB** 4 Ν No **Buffalo** See instructions for additional information **WBBZ Me TV** 67 ı No Springville on alphabetization. **WUTV** 29 No Buffalo **WKBW** 7 Ν No **Buffalo WNYO** 49 I No Buffalo **WPXJ** No 51 **Batavia** ı **WNED** 17 Ε No Buffalo **WNED PBS Kids** 17 E-M Buffalo No **WNLO** 23 ı No **Buffalo** WNYB 26 ı No Jamestown Ν WGRZ-simulcast 33 No Buffalo WBBZ-simulcast 67 ı No Springville WIVB-simulcast 39 Ν No **Buffalo WUTV-simulcast** 14 ı No **Buffalo** Ν WKBW-simulcast 38 No Buffalo WNYO-simulcast 49 ı No **Buffalo** WPXJ-simulcast 51 Batavia No

Verizon New Yo						. I
verizon new Yu		/STEM:			SYSTEM ID#	Namo
					063010	
PRIMARY TRANSMITTE In General: In space Coarried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the si planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s	ers: TELEVISIO G, identify even system during the ions in effect or 6.61(e)(2) and ( sis, as explaine Stations: With a CC rules, regular a here in space only on a subs and also in space formation concurr and the station's call associated with a-2". Simulcast be channel numble associated the in each case we entering the le cast), "E" (for ne asse terms, see pe ation is outside ce area, see pe ave entered "Yo the distant static cion on a part-tir cion of a distant a entered into on a primary trans simulcasts, also	y television state accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state ring substitute basis is gin. Do not in a station account at a station account of the station. Whether the station is account of the local sendage (v) of the count of the local sendage (v) of the local sendage	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried tute basis stations cording to its over the report origination cording to its over the reported in the station is a network, "N-M" (I educational), control or egeneral instructive area, (i.e. "to general instructive area, (i.e. "to general instructive accounting period ause of lack of a station is a network of stational instructive accounting period ause of lack of a station repression repression of the station repression repression repression of the station repression re	(1) stations carrine carriage of certifice (2) and (4))]; is carried by your one Special Statement of both on a substitute of the same of the television statington, D.C. This pork station, an indefer network multiple of "E-M" (for nonections located in the same of the television statington, p. C. This pork station, an indefer network multiple of "E-M" (for nonections located in the same of the televisions located in the same of the sa	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further	Namo
(for independent multic For the meaning of the Column 4: If the staplanation of local servi Column 5: If you had cable system carried the carried the distant stati For the retransmiss of a written agreement the cable system and action "E" (exempt). For sexplanation of these the	cast), "E" (for no ese terms, see pation is outside ce area, see paure entered "Ye he distant static ion on a part-tribicion of a distant tatic in entered into outside entered into significant, also primary trans simulcasts, also ree categories	oncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast strent or before Jumitter or an appender "E". If preserved in the page (v) see page (v)	I educational), ce general instru- vice area, (i.e. "c general instruct 4, you must col accounting periic ause of lack of a eam that is not so sne 30, 2009, be ssociation repre you carried the of the general	or "E-M" (for noncetions located in the distant"), enter "Y- cions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable system of the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of the prima channel on t	ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject ristem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  A  1. CALL  2. B'CAST  3. TYPE  4. DISTANT?  5. BASIS OF  6. LOCATION OF STATION						
SIGN	CHANNEL NUMBER	OF	(V/aa au N/a)		6. LOCATION OF STATION	
WNED-simulcast	1	STATION	(Yes or No)	CARRIAGE (If Distant)		
	43	_	` ,	CARRIAGE	6. LOCATION OF STATION  Buffalo	
WNLO-simulcast	43 32	STATION	,	CARRIAGE		
WNLO-simulcast		STATION	No	CARRIAGE	Buffalo	additional information
WNLO-simulcast WGRZ Antenna T	32 33	STATION E I	No No	CARRIAGE	Buffalo Buffalo	
WNLO-simulcast WGRZ Antenna T WUTV Charge TV	32 33	E I N-M	No No No	CARRIAGE	Buffalo Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF	32 33 29	E I N-M I-M	No No No	CARRIAGE	Buffalo Buffalo Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF WKBW Escape	32 33 29 7	E I N-M I-M N-M	No No No No	CARRIAGE	Buffalo Buffalo Buffalo Buffalo Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF WKBW Escape WNLO Bounce T\	32 33 29 7	E I N-M I-M N-M N-M	No No No No No	CARRIAGE	Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF WKBW Escape WNLO Bounce T\	32 33 29 7 7 32	STATION  E I N-M I-M N-M I-M N-M I-M	No No No No No No	CARRIAGE	Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF WKBW Escape WNLO Bounce T\ WUTV TBD TV WNYO CometTV	32 33 29 7 7 32 29	E I N-M I-M N-M I-M I-M I-M I-M	No No No No No No	CARRIAGE	Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF WKBW Escape WNLO Bounce TV WUTV TBD TV WNYO CometTV WNED Create	32 33 29 7 7 32 29 49	STATION  E I N-M I-M N-M I-M I-M I-M I-M I-M I-M	No N	CARRIAGE	Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF WKBW Escape WNLO Bounce TV WUTV TBD TV WNYO CometTV WNED Create WGRZ Quest	32 33 29 7 7 7 32 29 49 43	E I N-M I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	No N	CARRIAGE	Buffalo	additional informatio
WNLO-simulcast WGRZ Antenna T WUTV Charge TV WKBW LAFF WKBW Escape WNLO Bounce TV WUTV TBD TV WNYO CometTV WNED Create WGRZ Quest WGRZ The Justic	32 33 29 7 7 7 32 29 49 43	STATION  E I N-M I-M N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	No N	CARRIAGE	Buffalo	additional informatio

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063010 Verizon New York Inc PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2018/1							
LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:			S	YSTEM ID#	Name
Verizon New York Inc						063010	Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							
<b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	UDOTITUIT				EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED  6. TIMES  FROM — TO	FOR DELETION	
					_		
	<b></b>	<b></b>					I
		<b></b>					1
		<b> </b>					1
					_		1
					_		1
					_		1
							1
							1
							1
					<u> </u>		1
					_		1
					_		1
					_		1
					_		
					_		
					_		

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon New York Inc
SYSTEM ID#
063010

# J

#### Part-Time Carriage Log

#### PART-TIME CARRIAGE LOG

**In General:** This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

**Column 1 (Call sign):** Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

# DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA	SA3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM: izon New York Inc		SYSTEM ID# 063010	Name				
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmiss compute this amo	ion service	<b>K</b> Gross Receipts				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
bloc  If pa 3 be  If pa	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.  rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.  rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	entered on line 2	in block					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.	e is 1.064 percer						
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.	information you nn 4, you must c	gave in heck					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	\$	0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	-					
	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact				
	Line 4. FILING FEE	_\$	725.00	the Licensing additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ See page (i) of th	175,977.31	form for submitting the additional fees.				
	general instructions located in the paper SA3 form for more information.)	COC page (I) OI II						

Name	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:	SYSTEM ID#							
- Numb	Verizon New York Inc		063010							
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	to its subscribers and (2) t	he cable system's total number of activated channels, during the accounting period								
1. Enter the total number of channels on which the cable system carried television broadcast stations										
	system carried television	broadcast stations								
	Enter the total number of the cable system	of activated channels m carried television broadcast stations								
		es	412							
N	INDIVIDUAL TO BE CON	TACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
	we can contact about this statement of account.)									
Individual to Be Contacted										
for Further	Name Brad Wrigh	<b>t</b> Telephon	e <b>972-444-5553</b>							
Information										
	Address PO Box 152	2092, MC: HQE03H19								
		ral route, apartment, or suite number)								
	Irving, TX 7									
	(City, town, state, z	ip)								
	Email bra	d.wright@verizon.com Fax (optional) 877-87	5-8841							
	CERTIFICATION (This state	ement of account must be certifed and signed in accordance with Copyright Office	regulations.							
0		S	ogulationo.							
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)								
	(Owner other than corp	poration or partnership) I am the owner of the cable system as identifed in line 1 of spa	ace B; or							
		than corporation or partnership) I am the duly authorized agent of the owner of the ca and that the owner is not a corporation or partnership; or	ible system as identified							
	_									
	(Officer or partner) I are in line 1 of space B.	n an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	s owner of the cable system							
	. I have examined the states	ment of account and hereby deglers under namelty of law that all statements of fact control	ained berain							
		ment of account and hereby declare under penalty of law that all statements of fact cont rect to the best of my knowledge, information, and belief, and are made in good faith.	aneu nerem							
	[18 U.S.C., Section 1001(19	986)]								
	X	/s/ Veronica C. Glennon								
		18. Volumea of Claimen								
		r an electronic signature on the line above using an "/s/" signature to certify this statement.	per in the hey and proce the							
		,/s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curs button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo								
	Type	od or printed name: Varanica C. Glannon								
	Туре	ed or printed name: Veronica C. Glennon								
	Title	: Assistant Secretary, Verizon New York Inc (Title of official position held in corporation or partnership)								
		( or ornoral position note in corporation or partitionally)								
	Date	: August 29, 2018								
	Date									

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNE	R OF CABLE SYSTEM:	SYSTEM ID#	
Verizon New Yo	rk Inc	063010	Name
The Satellite Hon lowing sentence:  "In determ service of scribers a  For more informa paper SA3 form.  During the accoumade by satellite	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a  nining the total number of subscribers and the gross amounts paid to the cable system f  providing secondary transmissions of primary broadcast transmitters, the system shall  nd amounts collected from subscribers receiving secondary transmissions pursuant to s  ation on when to exclude these amounts, see the note on page (vii) of the general instru  nting period did the cable system exclude any amounts of gross receipts for secondary  carriers to satellite dish owners?	or the basic not include sub- section 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.			Q
Line 1 Enter the	amount of late payment or underpayment		Interest Assessment
Line 2 Multiply li	ine 1 by the interest rate* and enter the sum here	- dove	
Line 3 Multiply li	ine 2 by the number of days late and enter the sum here	days x 0.00274	
	ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	erest charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as Licensing Division at (202) 707-8150 or licensing@loc.gov.	sistance please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
-	filing this worksheet covering a statement of account already submitted to the Copyrighthe owner, address, first community served, accounting period, and ID number as given		
Owner Address			
First community s Accounting perior ID number			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.