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				
02/25/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

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	2018/2			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon New York Inc	ess of the cable system or on the last day of a counting perioa	em the accounting period should s	
				06301020182
				063010 2018/2
	PO Box 152092, MC: HQE03H19 Irving, TX 75015-2092			
С	INSTRUCTIONS: In line 1, give any business or trade names used to in 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		g	
	MAILING ADDRESS OF CABLE SYSTEM: 548 Elmwood Ave 2 (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 First	AMHERST (TOWN)	STATE NY		
Community	Below is a sample for reporting communities if you report multiple cha		pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
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.

FORM SAJE. PAGE 10.			OVOTEM ID#						
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 filings.									
Note: 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., or all communities with the channel line-up "A" in the appropriate column below or leave to on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	he column blank. I elevant community	f you report any st with a subscriber	ations group,						
When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) an (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d 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	Α							
HAMBURG (VILLAGE)	NY	Α							
KENMORE (VILLAGE)	NY	A							
LACKAWANNA CITY	NY	A		Coolination of the					
ORCHARD PARK (TOWN)	NY			See instructions for additional information					
		A		on alphabetization.					
ORCHARD PARK (VILLAGE)	NY	Α		on diphabetization.					
TONAWANDA (ERIE) TOWN	NY	A							
WEST SENECA (TOWN)	NY	Α							
				A dd					
				Add rows as necessary.					
									
				1					

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.

BLO	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:				Ħ				
Service to first set	56,766	\$	25.00					
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel								
Commercial	752	\$	35.00					
Converter								
Residential								
Non-residential								
	,			1 15			T1	

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.

		BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	F	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)	\$	65.00	Other services:			
• FM radio (if separate rate)	ļ		Reconnect			
Converter			Disconnect			
			Outlet relocation	\$ 65.00		
			Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2		
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 Myrada Tatal	N/A 54.99	Varies N/A
Fios TV Mundo Total Fios TV Mundo	54.99 49.99	N/A N/A
Sports Pass	49.99 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
HBO	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 Custom TV News & Variety	40.00	N/A
	50.00 40.00	N/A N/A
Custom TV Lifestyle & Reality Custom TV Infotainment & Drama	40.00	N/A N/A
Custom TV Iniotaliment & Drama Custom TV Home & Family	50.00	N/A N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	N/A
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies

Category of Service	Residential Rate	Commercial Rate
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 First two boxes	12.00	11.99
Set-Top Box: Boxes 3-5	6.00	
Set-Top Box: 6+ boxes	No charge	0.00
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	26.99
HD Digital DVR	N/A	23.99
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
Agent Assistance Fee	7.00	N1/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 Flos 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 Verizon New York Inc 063010 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 Springville ı No on alphabetization. 29 No Buffalo **WUTV** ı **WKBW** 7 Ν **Buffalo** No **WNYO** 49 No **Buffalo** ı **WPXJ** 51 No **Batavia** ı **WNED** Buffalo 17 Ε No **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 38 Ν WKBW-simulcast No **Buffalo** WNYO-simulcast 49 ı No **Buffalo** WPXJ-simulcast 51 No **Batavia** ı

FORM SA3E. PAGE 3.					OVOTEM ID#	T		
Verizon New Yo		YSTEM:			SYSTEM ID# 063010	Name		
					003010			
PRIMARY TRANSMITTE In General: In space of carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bass 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 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens	ERS: TELEVISION Consists and also in space only on a substantion concorn. It is station's call associated with associated with a station's call associated with a consist and also in space only on a substantion concorn. It is station's call associated with a consist and also in space only on a substantian concorn. It is station's call associated with a consist and	y television st he accounting n June 24, 19 (4), or 76.63 (red in the next prespect to any actions, or auth G—but do lissitute basis. ace I, if the stateming substitute sign. Do not red ha a station accesstreams must ber the FCC hee, WRC is Char	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination coording to its own be reported in courses assigned to the	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service the er-the-air designation of the television statistics.	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a suble system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example con for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television		
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.								
		CHANN	EL LINE-UP	Α				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WNED-simulcast	43	Е	No		Buffalo			
WNLO-simulcast	32	I	No		Buffalo	See instructions for		
WGRZ Antenna T	33	N-M	No		Buffalo	additional information		
WUTV Charge TV	29	I-M	No		Buffalo	on alphabetization.		
WKBW LAFF	7	N-M	No		Buffalo			
WKBW Escape	7	N-M	No		Buffalo			
WNLO Bounce T\	32	I-M	No		Buffalo	1		
WUTV TBD TV	29	I-M	No		Buffalo	1		
WNYO CometTV	49	I-M	No		Buffalo	1		
WNED Create	43	E-M	No		Buffalo	1		
	<u> </u>			4				
	33	N-M	No		Buffalo			
WGRZ Quest	33 33	N-M N-M	No No		Buffalo Buffalo			
WGRZ Quest WGRZ The Justic WNYO Stadium					Buffalo Buffalo Buffalo			

ACCOUNTING PERIOD: 2018/2 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: 2018/2
LEGAL NAME OF OWNER OF Verizon New York Inc	CABLE SYST	EM:					S	YSTEM ID# 063010	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG						_
In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT	ccounting pering that must CONCER	eriod, under spe st be included in NING SUBST	ecific present and former FC in this log, see page (v) of the TTUTE CARRIAGE	C rules, regula e general instr	ations, or a ructions loc	uthoriza cated in	ations. F	or a further	Substitute Carriage: Special
 During the accounting per broadcast by a distant stat 		r cable system	r carry, orr a substitute basi	s, any nome	twork telev		_	XNo	Statement and
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mι	ıst comple				Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every not distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static adian static th and day ye "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach addition nnetwork televion and that your authorization t use general of BA Basketball: deast live, ente station broadca by is location (the when your sys as substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is lice station is idenorogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let	during the ramming ons located List specures of the tiffied). The rammer of the tiffied of the t	e account another in the iffic program of the FCC , with the mes account another is a constant of the interest	nting ner statio paper gram or, in ne mont curately be equired	h ,	
S	SUBSTITUT	E PROGRAM	<u> </u>		EN SUBS			7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES		FOR DELETION	
									
									
									
									
									
						_			

	LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:						SYS	STEM ID#
Name	Verizon New	York Inc								063010
J Part-Time Carriage Log	time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the monti "4/10." • State the starti television station "app." Example:	s space ties in use to lack of actem carried that itall sign): Give ace G. ates and hourse accounting put and day wher ing and ending n's broadcast d: "12:30 a.m.—3	ivated channel station. If you the call sign of s of carriage): eriod. In the carriage of times of carriagay, you may git:15 a.m. app."	of space G. If you I capacity, you are need more space, every distant station. For each station, occurred. Use number to the nearest que an approximate shours of carriage	equiroleas on what the erals, uarte endir	ed to complete the attach additional nose basis of carried dates and hours with the month fire hour. In any casing hour, followed	nis log giving the al pages. Find the algorithms when part-timest. Example: for the algorithms with the albereview of the albereview of the albereview.	ne total dates ar fied by "LAC" in the carriage oc- tor April 10 give ge ran to the er ation	1	ł
	72.00 p.m.		DA	TES AND HOURS	OF I	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN CARRIAGE OCCURRED CALL SIGN WHEN CARRIAGE OCCURRED				CCURRED OURS				
		DATE	FROM	IOURS TO			DATE	FROM	OURS	то
					-					

LEGA	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 amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified 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 ompute this amo	sion service	K 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 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho	entered on line 2	2 in block						
Block	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.								
Block 2	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 peri Yes—Complete the DSE schedule.	information you nn 4, you must o	gave in check						
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	\$	-						
Block 4	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, enter zero. 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 the Licensing					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.		725.00	additional fees. Division for the appropriate form for					
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ See page (i) of t	216,773.80 he	submitting the additional fees.					

Name		TEM ID#										
	Verizon New York Inc	063010										
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the 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]										
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services											
N Individual to												
Be Contacted for Further Information	Further Name Brad Wright Telephone 972-444-5553											
	Irving, TX 75015-2092											
	(City, town, state, zip)											
	Email brad.wright@verizon.com Fax (optional) 877-875-8841											
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.											
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)											
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or											
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or											
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.											
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]											
	X /s/ Veronica C. Glennon											
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.											
	Typed or printed name: Veronica C. Glennon											
	Title: Assistant Secretary, Verizon New York Inc (Title of official position held in corporation or partnership)											
	Date: March 1, 2019											

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 OWNER OF CABLE SYSTEM: Verizon New York Inc SYSTEM ID# 063010	Name
Verizon New York Inc. 003010	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
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 line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served	
ID number	

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