THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
	\$			
	ALLOCATION NUMBER			

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)						
Accounting Period	January 1–June 30(Year)		July 1-December 31 2018(Year)				
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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 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 is						
	1 LEGAL NAME OF OWNER OF CABLE						
	PALAU NATIONAL COMMUNIC 2 BUSINESS NAME(S) OF OWNER OF C	**************************************		63362			
	2 BUSINESS NAME(S) OF OWNER OF C	ABLE SYSIEM (r Different):	YYTTATOTAL			
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: P.O. BOX 99 (Number, street, rural route, apartment, or suite number) KOROR, PALAU 96940-0099 (City, town, state, zip)						
С	Instructions: In line 1, give any business or trade already appear in space B. In line 2, give the ma						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip)						
D Area Served	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 first 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.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First ▶ Community	KOROR REPUBLIC OF PALAU						

Privacy Act Notice: Section 111 of title 17 of the *United States Code* authorizes the Copyright Office to collect the personally identifying information (PII) requested on this 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 Office'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 filling, a determination that would be made by a court of law.

PALAU NATIONAL COMMUNIC	CATIONS CORPORA	TION	63362	Name		
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 first community that you list will serve as a form						
of system identification hereafter known	as the "first community." P	H. §76.5(dd). The first community that you rease use it as the first community on all f s, or mobile home parks should be reported	uture filings.	Area Served		
CITY OR TOWN	STATE	CITY OR TOWN	STATE			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

PALAU NATIONAL COMMUNICATIONS CORPORATION

63362



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.

BLOCK	(1	BLOCK 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE NO. OF SUBSCRIBERS RATE
Residential: • Service to first set	498	\$5/MTH	
Service to additional set(s)FM radio (if separate rate)			
Motel, hotel	3	.\$5/MTH.	
Commercial			
Converter •Residential	,,		
Nonresidential			

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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter		Installation: Non-residential Motel, hotel Commercial Pay cable Pay cable—add'l channel Fire protection Burglar protection Other Services: Reconnect Disconnect Outlet relocation Move to new address			

LEGAL NAME OF OWNER OF CABLE SYSTEM:
PALAU NATIONAL COMMUNICATIONS CORPORATION

63362

Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement 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.

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 "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions.

Column 4: 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTTV	48	N	LOS ANGELES, CA
KNBC	50	N	LOS ANGELES, CA
KCBS	51	N	SAN FRANCISCO, CA
KABÇ	49	N	LOS ANGELES, CA
KOCE-TV	52	E	LOS ANGELES, CA
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	****** *****************************		
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G

Primary Transmitters: Television

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PALAU NATIONAL COMMUNICATIONS CORPORATION 63362						63362	
Н	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on a all-band basis whose signals were generally receivable by your cable system during the accounting period.							
Primary Transmitters: Radio	receivable if the basis of ridetailed information Column 1 Column 2 Column 3 signal, indica Column 4	(1) it is carried nonitoring, to mation about the individual the individual the individual is the radious the this by plaction of the individual is the state the state.	d by the best of the second test	ing All-Band FM Carriage: the system whenever it is received at the headend, with the Copyright Office regulat gn of each station carried. The station is AM or FM. The signal was electronically the check mark in the "S/D" of The location (the community to The signal was electronically The community with the system of the community with the system of the system of the community with the system of the system of the system of the community with the system of the	eived at the syst the system's FN ions on this poi processed by olumn, which the stat	tem's header A antenna, d nt, see page the cable sy tion is licens	nd; an uring (iv) o stem ed by	d (2) it can be expected, o certain stated intervals. Fo f the general instructions. as a separate and discret
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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PALAU NATIONAL COM		ONS CORPO	DRATION		63362		Name	
SUBSTITUTE CARRIAG In General: In space I, iden system carried on a substitu tions, or authorizations. For the general instructions,	ntify <i>every no</i> ite basis durir	<i>nnetwork tele</i> ng the account	vision program, broadci ing period, under specif	ast by a <i>dis</i> ic present a	and former FCC ri	ules, regula-	Substitute Carriage:	
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? Note: 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 (v) of the general instructions for further 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 required to delete under FCC rules and regulations in effect								
on October 19, 1976.	UBSTITUTE	PROGRAM			SUBSTITUTE	7 054 504		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	GE OCCURRED 6, TIMES FROM — TO	7. REASON FOR DELETION		
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		FORM SA1-2, PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PALAU NATIONAL COMMUNICATIONS CORPORATION	63362
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to copage (vi) of the general instructions. - Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	lary transmission service
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must paracounting period is \$52.00	y for this six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. Filing Fee	\$ 15.00
2	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3	\$ 67.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100))
	1. Base amount under statutory formula ·	
neve/sparine	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1 \$	
renonna a	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. Filling Fee	
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	\$
\$ 	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	0)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$263,800	
4	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
notice and		1,319
1	6. Interest Charge. Enter the amount from line 4, space Q, page 8	
	· · · · · · · · · · · · · · · · · · ·	20.00
***	· · · · · · · · · · · · · · · · · · ·	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	\$

IMPORTANT: Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page i of the general instructions for more information.

FORM SA1-2 PAG	

LEGAL NAME OF OWNER OF CABLE SYSTEM: PALAU NATIONAL COMMUNICATIONS CORPORATION 63362	Name
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. 5. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 70.	Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name	N Individual to Be Contacted for Further Information
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) 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 identified 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. [See 18 U.S.C. sec.1001] Handwritten signature: Typed or printed name: LEO BEN TERIONG Title: FINANCE AND ADMINISTRATION DEPARTMENT MANAGER (Title of official position held in corporation or partnership)	Certification

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		FORM SA1-2. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PALAU NATIONAL COMMUNICATIONS CORPORATIONS	TION 63362
Special Statement Concerning Gross Receipts Exclusions	SPECIAL STATEMENT CONCERNING GROSS RECOMES The Satellite Home Viewer Act of 1988 amended Title 17, so lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary be scribers and amounts collected from subscribers received. For more information on when to exclude these amounts, so During the accounting period, did the cable system exclude made by satellite carriers to satellite dish owners?	section 111(d)(1)(A) of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub- ing secondary transmissions pursuant to section 119." see the note on page (vi) of the general instructions.
	YES. Enter the total here and list the satellite carrier(s) b	
	Name Mailing address	Name Mailing address
Q Interest Assessment	INTEREST ASSESSMENT You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vii) of Line 1. Enter the amount of late payment or underpayment.	the general instructions.
	Line 2. Multiply line 1 by the interest rate* and enter the sun	x%
	Line 3. Multiply line 2 by the number of days late and enter	xdays the sum here
THE PARTY OF THE P	Line 4, Multiply line 3 by .00274** and enter here and in spa line 2, or block 2, line 8, or block 3, line 6	ce L (page 6) block 1,
	*To view the interest rate chart click on www.copyright.gov contact the Licensing Division at (202) 707-8150 or licens	
	**This is the decimal equivalent of 1/365, which is the inter-	est assessment for one day late.
	Note: If you are filing this worksheet covering a statement of list below the owner, address, first community served, ID nur	account already submitted to the Copyright Office, please mber, and accounting period as given in the original filing.
	Owner	
	ID number First community served	

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01/10/2019

11:11:05 AM

GENERAL LEDGER

TRANSACTION DETAIL

Page: 1

		JUN	2018	To DEC 2018			
Journal Description	Dept	Actv BU Project	Mod	Jrnl Reference	Debit	Credit	Balance
				Code			
					Beginnir	g Balance:	-13,129.86
131715 General Ledger Update	0	0	SI	5 SI Update - June 2018		2,757.67	-15,887.53
		Net Amount For JUN 2018:	-2,757	.67	0.00	2,757.67	
133488 General Ledger Update	0	0	SI	5 SI Update - July 2018		2,782.33	-18,669.86
		Net Amount For JUL 2018:	-2,782	.33	0.00	2,782.33	
135387 General Ledger Update	0	0	SI	5 SI Update - Aug 2018		2,733.30	-21,403.16
		Net Amount For AUG 2018:	-2,733	.30	0.00	2,733.30	-
137425 General Ledger Update	0	0	SI	5 SI Update - Sept 2018		2,668.85	-24,072.01
		Net Amount For SEP 2018:	-2,668	.85	0.00	2,668.85	
	0	0	SI	5 per SO#203004 adj 7/18-9/24 no S.Basic	11.32	•	-24,060.69
	0	0	SI	5 per SO#205094 adj month of sept on n off	5.00		-24,055.69
139424 General Ledger Update	0	0	SI	5 SI Update - Oct 2018		2,467.15	-26,522.84
		Net Amount For OCT 2018:	-2,450	.83	16.32		,,
140348 ADJ per SO#205098	0	0	SI	5 Adj per SO#205098 (10/1-17)	2.89	,	-26,519.95
140709 General Ledger Update	0	0	SI	5 SI Update - Nov 2018		2.517.14	-29,037.09
		Net Amount For NOV 2018:	-2,514	.25	2.89		27,037.07
140635 C&C Credit Adjustment	0	0	SI	5 Adj due to SPB channels problems		_,,,,,,,,	-29,031.98
142914 General Ledger Update	0	0	SI	-		2 595 20	-31,627.18
		Net Amount For DEC 2018:	-2,590		5 11		51,027.10
Account: 0 8130.7							-31,627.18
Beginning Balances:				***************************************	0.00	13,129.86	-51,027.10
Transactions 31						•	
					24.32	18,521.64	
					24.32	31,651.50	-31,627.18
	0 8130.7 SUPER BASIC 131715 General Ledger Update 133488 General Ledger Update 135387 General Ledger Update 137425 General Ledger Update 136877 C&C Credit Adjustment 137936 C&C Credit Adjustment 139424 General Ledger Update 140348 ADJ per SO#205098 140709 General Ledger Update 140635 C&C Credit Adjustment 142914 General Ledger Update Account: 0 8130.7 Beginning Balances: Transactions: 11	0 8130.7 SUPER BASIC 131715 General Ledger Update 0 133488 General Ledger Update 0 135387 General Ledger Update 0 137425 General Ledger Update 0 136877 C&C Credit Adjustment 137936 C&C Credit Adjustment 139424 General Ledger Update 0 140348 ADJ per SO#205098 140709 General Ledger Update 0 140635 C&C Credit Adjustment 142914 General Ledger Update 0 Account: 0 8130.7 Beginning Balances: Transactions: 11	Dept Actv BU Project	Dept Actv BU Project Mod	Code Code Code Code Code		

PARAMETERS ENTERED:

Divsion: All

Accounts: 0 8130.7

Department: All

Activity: All

Sort By: Acct/Div

Date Selection: Period

Period: JUN 2018 To DEC 2018

Module: All

Journal Activity: All

Accounts With No Transactions: Yes

Extended Reference: No

Interface Detail: No

Group by Department: No

/pro/rpttemplate/acct/2.43.1/gl/GL_TRANS_DETAIL.xml.rpt

80599

Cable
Worksheet

	able)		<u>\$</u>						
Cable Worksheet		eet	Total amount of remittance			Number of SAs rec'd		Initials		
				Date of remitta	nce	-	☐ Check	☐ EFT	☐ FILING FEE	
Cable ID #								Amount/I	nitials	
Examined by	R	Reviewe	ed by	Date examination completed	A	llocatior	number	\$		
Space A Accounting					<u>'</u>					
Period	Janua	ary 1 – J	une 30, 20		ıly 1 – De	cember 31, 20				
	☐ Letter sent ☐ In						Information received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space B Owner										
	Letter sent					☐ Information received				
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space D Area Served										
	Letter	r sent			☐ Information received					
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space E Secondary Transmission										
Service Subscribers: and Rates	Letter	r sent			☐ In	ıformati	on received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space G Primary Transmitters: Television										
	Letter	r sent			☐ In	ıformati	on received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space H Primary Transmitters:										
Radio	☐ Accep	oted	☐ Phone call/D	ate/Contact						

			Space I Substitute Carriage
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space J Part-time Carriage Log
Letter sent		☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact		
			Space K Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space M Channels
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space O Certification
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space P Statement of Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space Q Interest Assessment
Letter sent		☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact		