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.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Beturn completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	8/15/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			-

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		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 corporate title of the subsidiary, not that of the parent corporation.
Owner		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
		Westfield Community Antenna Association, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		121 Strang Street (Number, street, rural route, apartment, or suite number)
		Westfield, PA 16950 (City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Westfield Community Antenna Association, Inc.	0
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 mob	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	identified city.	ne nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Westfield Borough	PA
Community	Westfield Township Sabinsville	PA PA
Add Rows as Necessary	Knoxville	PA
add nows as necessary		
	ากการและการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนการแนนกา	

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								515	
	Westfield Community A	ntenna Ass	ociatio	1, INC.					
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for advan	ce payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.		, ngint na						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 				Extend	led Basic		553	73.0
	 Service to additional set(s) 				Basic			27	40.0
	• FM radio (if separate rate)		2	10.00	HBO			18	16.5
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					-				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					ll vour cable syst	em's servi	res that were	
F	not covered in space E, that is, the	•	,		•				
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually b	illed. If any ra	ates are ch	narged on a varia	ble per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable :	system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that							vere not	
	listed in block 1 and for which a				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the rate	e for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
			Installat	ion: Non-res	Idential			35	(
	Continuing Services:		N 4 - 4 -						
	Continuing Services: • Pay cable			I, hotel					
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Com	mercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Com • Pay o	mercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Com • Pay o • Pay o	mercial cable cable-add'l ch	nannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Com • Pay • • Pay • • Fire	mercial cable cable-add'l ch protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		• Com • Pay • • Pay • • Fire • Burg	mercial cable cable-add'l ch protection lar protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Com • Pay (• Pay (• Fire • Burg Other se	mercial cable cable-add'l ch protection ar protection ervices:					
	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)		• Com • Pay • • Pay • • Fire • Burg • Burg • Reco	mercial cable cable-add'l ch protection ar protection prvices: nnect					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Com • Pay o • Pay o • Fire • Burg Other so • Recc • Disco	mercial cable cable-add'I ch protection lar protection ervices: nnnect pnnect					
	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)		• Com • Pay o • Pay o • Fire • Burg Other se • Recc • Disco	mercial cable cable-add'l ch protection ar protection prvices: nnect					

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Westfield Community	Antenna Association, Inc.		
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary ismitters: levision	FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	he carriage of certain network program (1(e)(2) and (4))]; and (2) certain statistical arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station is	ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WPSU	3	E	CLEARFIELD, PA
	WPSU	3	<u>Е</u>	CLEARFIELD, PA
	WKBW	7	N	BUFFALO, NY
ws as Necessary				
ws as Necessary	WKBW	7	N	BUFFALO, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
vs as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
vs as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
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ws as Necessary	WKBW	7	N	BUFFALO, NY
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	WYDC	48	N	CORNING, NY
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	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
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ws as Necessary	WKBW	7	N	BUFFALO, NY
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	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
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ws as Necessary	WKBW	7	N	BUFFALO, NY
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	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
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ws as Necessary	WKBW	7	N	BUFFALO, NY
	WETM	18	N	ELMIRA, NY
	WYDC	48	N	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY

Accounting I	Period: 2019	/1						FORM	A SA1-2E. PAGE 4.
LEGAL NAME O									SYSTEM ID#
Westfield C	ommunity /	Antenn	a Association, Inc.						0
	st every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
	-	-				-			Drimony
receivable if (1 on the basis of For detailed inf paper SA1-2 fc Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to formation about orm. dentify the cal State whether f the radio stat this by placing Give the station	y the sys be recein at the Co l sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the community with which th	a e: ni ss	t the system's his system's FM ant this point, see pa ed by the cable he station is licer	eadend, and (2 enna, during c age (v) of the g system as a so nsed by the FC	2) it can ertain s jeneral eparate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		5,0		t			3,0		
WMTQ	FM		ELMIRA, NY	4	WKPA	FM		Hornell, NY	
WTIO	FM		BATH, NY	4	WBNW	FM		Binghamton, NY	
WSQA	FM		HORNELL, NY	-	WNKI	FM		Corning, Ny	
WCOV	FM		FRIENDSHIP, NY	-	WCDW	FM		Binghamton, NY	
WSKG	FM		BINGHAMTON, NY	-	WLIH	FM		Whitneyville, PA	
WCIH	FM		ELMIRA, NY	-	WLKK	FM		Buffalo, NY	
WETD			ALFRED, NY	-					
WSQE	FM		CORNING, NY	-					
WCKR	FM		HORNELL, NY	-					
WOGA WENY	FM FM		MANSFIELD, PA	-					
W235CB	IFM IFM		CORNING, NY ELMIRA, NY	-					
WBZD	FM		Munoy, PA	-					
WQRW	FM		Wellsville, NY	-					
WMRV	IFM		Dansville, NY	-					
WLVY	FM		Elmira, NY	-					
WMTT	IFM		Tioga, PA	-					
W236AK	FM		Corning, NY	-					
WFIZ	FM		Odessa, NY						
WPIG	FM		Olean, NY						
WPHD	FM		South Waverly, NY						
WTSA	FM		Jersey Shore, PA						
WPEL	FM		Montrose, PA						
WVYS	FM		Ridgebury, PA						
WZHO	FM		Canaseraga, NY						
WENI	FM		Big Flats, NY						
WVIN	FM		Bath, NY						
WGMM	FM		Corning, NY						
WAAL	FM		Binghamton, NY						
WQKN	FM		Elmira, NY						
WCOG	FM		Galeton, PA						
W267GJ	FM		Horseheads, NY						
WPKC	FM		Covington, PA						
WZKZ	FM		Alfred, NY	_					
WTSS			Buffalo, NY	-					
WKSB	FM		Williamsport, PA	4					
WCIK	FM		Avoca, NY	-					
WJQK	FM		Wellsville, NY	4					
WQNY	FM		Ithaca, NY	-					
WNBT	FM		Wellsboro, PA	_					
WNGZ	FM		Elmira, NY	_					
WILQ	FM		Williamsport, PA				L		

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Westfield Community	Antenna	Association,	, Inc.				0
	SUBSTITUTE CARRIAGE				G			
1						ion that va	ur achla avata	m corried on a
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT							
Special	During the accounting peri					twork tolov	ision program	2
Statement and		-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complet	e the program	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	ir meaning is	
	clear. If you need more space							
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.			Lot speeine program			ove Lucy of	
			dcast live, enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the second the second the second the substitute provide the substitute			with the mor	oth
	first. Example: for May 7 giv		when your sys		ologiani. Ose	numerais,		101
			substitute pro	gram was carried by your o	cable system.	List the tir	nes accurate	lv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	inning that y	our system wa			na regulati		
								1
						N SUBST		
	S		E PROGRAM	1		AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
		1					-	
						·		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Westfield Community Antenna Association, Inc.	0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form. 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.	sion service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: 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 or equal to \$26 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	33,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-mon
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 238,783.41	
	3. Subtract line 2 from line 1 \$ 25,016.59	
		38,783.41
		25,016.59
		13,766.82
	7. Multiply line 6 by .005 (enter figure here)	· · · · · · · · · · · · · · · · · · ·
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 1,068.83
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1 310 00
		1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,068.83
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,088.83
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	: 2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Westfield Community Antenna Association, Inc.	SYSTEM ID#
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	12
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	. 57
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Julie Whitesell Telephone	814-367-5190
	Address 121 Strang Street (Number, street, rural route, apartment, or suite number) Westfield, PA 16950	
	(City, town, state, zip) Email wcaa1@verizon.net Fax (optional) 814-367-55	86
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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 	3; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	her of the cable system
	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)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	-
	Typed or printed name: Ronald H MacKnight	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 8/15/19	

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 the 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 telephoi 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 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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
tfield Community Antenna Association, Inc.	
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 fol- lowing 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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gros
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusio
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?	5
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
NA TELEVISION NETTERIA DE LA TELEVISIÓN DE LA TELEVIS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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