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 COPYRIG	Return completed workbook by email to:	
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
			\$	For additional information, contact the U.S. Copyright
-	ictions are located	02/25/2020		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook	02/23/2020	ALLOCATION NUMBER	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))	
			Deviad 0 - July 4 December 04	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		1		
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting		-		
Period				
	Instructions:	an cable system. If the owner is a subs	idiary of another corporation, give the full co	rporato titlo
B	of the subsidiary, not that of the parent of			ipolate title
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.	
	If there were different owners during the	accounting period, only the owner on t	the last day of the accounting period should s	submit a
	single statement of account and royalty fe			
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	3053
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Westfield Community Antenna Asso	ociation, 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 r	umber)		
	Westfield, PA 16950			
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1			
	MAILING ADDRESS OF CABLE SYSTEN	l:		
	2 (Number, street, rural route, apartment, or suite r	umber)		
	(City, town, state, zip code)			
	(ory, own, size, zip oode)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 1/ of the United States Code aution/zes 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 fling, a determination that would be made by a court of law.

WestField Community Antenna Association, Inc. WestField Community of the table system. An "community" is the same as a "community unit" as defined a separate and distinct community or multiple action system. An "community or full the same as a "community unit" as defined a separate and distinct community or full three community used by the use as a form of system identification for as the "first community" is the same as a "community" is the same as a "community unit" as defined as the "first community" is the same as a "community unit" as the first community to all full three as a form of system identification for as the "first community" is these use it as the first community on all full three fings. Nest Field Borough PA Community WestField Borough PA Sabine ville Ann Knoxville PA Knoxville PA Knoxville PA	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses belidentified city. First CITY OR TOWN State State Vestfield Borough PA Westfield Township PA Sabinsville PA	Name	Westfield Community Antenna Association, Inc.	3053
Area discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses bell identified city. First CITY OR TOWN Strate Strate Community Westfield Borough PA PA Sabinsville PA	D		
Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses belied to the identified city. First CITY OR TOWN STATE Community Westfield Borough PA Community Westfield Township PA Sabinsville PA	D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st will serve as a form of system identification hereafter known
Served Identified city. First CITY OR TOWN State Vestfield Borough PA Sabinsville	A		nome parks should be reported in parentheses below the
First Westfield Borough PA Community Westfield Township PA Sabinsville PA		identified city.	
First Community Westfield Borough PA Sabinsville PA		CITY OR TOWN	STATE
Community Westfield Township PA Sabinsville PA	First		PA
	Community	Westfield Township	PA
			PA
	Rows as Necessary	Knoxville	
Image: Section of the section of th			
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID
Name	Westfield Community A			n, Inc.				010	305
				-					
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of t	ne cable	
	system, that is, the retransmissi								
Secondary	about other services (including p	bay cable) in sp	ace F, no	t here. All the	e facts yoι	i state must be t			
Transmission	last day of the accounting period	`		,	,	,			
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv	vice at the rate	indicated-	-not the nun	ber of set	s receiving serv	rice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	s within a p	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	e that cable	
	systems most commonly provide	•		Ũ					
	that applies to your system. Not			0		•			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					a in the count un	ider "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	om those	
	printed in block 1 (for example, t	tiers of services	s that inclu	ide one or m	ore secon	dary transmissio	ons), list the	em, together	
	with the number of subscribers a	and rates, in th	e right-hai	nd block. A tw	vo- or thre	e-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONID	LIKO	TUTE	0/11		(VIOL	CODOCINIDENCO	TUTE
	Service to first set				Extend	ed Basic		553	73.0
	 Service to additional set(s) 				Basic			27	40.0
	• FM radio (if separate rate)		2	10.00	НВО			17	16.5
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSI	ONS: RATE	S				
F	In General: Space F calls for ra	te (not subscrib	per) inforn	nation with re	spect to a	ll your cable sys	stem's serv	ices that were	
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-			
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha							were not	
Italea	-	• •			-				
	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.								
	brief (two- or three-word) descri							BLOCK 2	
	brief (two- or three-word) descri	BLO	CK 1					DLOOK Z	
	CATEGORY OF SERVICE	BLO RATE		RY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	1	CATEGC Installati	on: Non-res		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable	1	CATEGC Installati • Motel	on: Non-res , hotel		RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEGC Installati • Motel • Comr	on: Non-res , hotel nercial		RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	CATEGC Installati • Motel • Comr • Pay c	on: Non-res , hotel nercial able	dential	RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	1	CATEGC Installati • Motel • Comr • Pay c	on: Non-res , hotel nercial able able-add'l ch	dential	RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	1	CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p	on: Non-res , hotel nercial able able-add'l ch rotection	dential	RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	1	CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl	on: Non-res , hotel nercial able able-add'l ch rotection ar protection	dential	RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se	on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices:	dential	RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE 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)	1	CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco	on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	dential	RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEGC Installati • Motel • Comr • Pay o • Pay o • Fire p • Burgl Other se • Reco • Disco	on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect nnect	dential	RATE	CATEGO	ORY OF SERVICE	
	CATEGORY OF SERVICE 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)	1	CATEGC Installati • Motel • Comr • Pay o • Fay o • Fire p • Burgl Other se • Reco • Disco • Outle	on: Non-res , hotel nercial able able-add'l ch rotection ar protection rvices: nnect	dential annel	RATE	CATEGO	ORY OF SERVICE	

counting Period:	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 3053
	5	Antenna Association, Inc.		
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> , in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie 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 the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part- he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education actions in the paper SA1-2 form.	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	a is identified. 4. LOCATION OF STATION
	WPSU	3	E	CLEARFIELD, PA
	WETM	18	Ν	ELMIRA, NY
s as Necessary	WYDC	48	Ν	CORNING, NY
	WNEP	16	N	SCRANTON, PA
	WSKA	30	E	CORNING/BINGHAMTON, NY
	WENY	36	Ν	CORNING, NY

Accounting I			WOTEM.				T OTA	A SA1-2E. PAGE
			na Association, Inc.					SYSTEM ID 305
	st every radio s	station ca	arried on a separate and discr					н
all-band basis	whose signals	were ge	enerally receivable by your cat	ble system during	the accountir	ig perio	d.	
receivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I) it is carried b monitoring, to formation abou orm. dentify the call	y the sys be rece it the Co sign of	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	it the system's he system's FM ant	eadend, and (2 enna, during c	2) it can ertain s	be expected, tated intervals.	Primary Transmitters: Radio
		•	nal was electronically process	ed by the cable	system as a se	eparate	and discrete	
Column 4: (Give the station	n's locati	k mark in the "S/D" column. ion (the community to which the the community with which the			C or, in	the case of	
OALL OIGH		0,0	LOOATION OF GRATION	CALL SIGN	AWOTTW	0/0	LOCATION OF STATION	
WMTQ	FM		ELMIRA, NY	WKPA	FM		Hornell, NY	
WTIO	FM		BATH, NY	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	FM		ALFRED, NY					
WSQE	FM		CORNING, NY					
WCKR	FM		HORNELL, NY					
WOGA	FM		MANSFIELD, PA					
WENY	FM		CORNING, NY					
W235CB	FM		ELMIRA, NY					
WBZD	FM		Munoy, PA					
WQRW	FM		Wellsville, NY					
WMRV	FM		Dansville, NY					
WLVY WMTT	FM FM		Elmira, NY					
W236AK	FM		Tioga, PA Corning, NY					
WFIZ	FM							
WPIG	FM		Odessa, NY Olean, NY					
WPHD	FM		South Waverly, NY					
WTSA	FM		Jersey Shore, PA					
WPEL	FM		Montrose, PA					
WVYS	FM		Ridgebury, PA					
NZHO	FM		Canaseraga, NY					
VENI	FM		Big Flats, NY					
WVIN	FM		Bath, NY					
NGMM	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	FM		Buffalo, NY					
WKSB	FM		Williamsport, PA					
WCIK	FM		Avoca, NY					
WJQK	FM		Wellsville, NY					
WQNY	FM		Ithaca, NY					
WNBT	FM		Wellsboro, PA					
WNGZ	FM		Elmira, NY					
WILQ	FM		Williamsport, PA					

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Westfield Community	Antenna	Associatior	n, Inc.				3053
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program,</i> broadcast b	γ a distant sta	ition, that yo	our cable sys	tem carried on a
	substitute basis during the a							
Substitute Carriage:	explanation of the programm				the general in:	structions ir	the paper S	SA1-2 form.
Special	1. SPECIAL STATEMEN	-				a a two ristal	aviaian neo	
Statement and	During the accounting per		ur cable syster	in carry, on a substitute ba	isis, any noni			
Program Log	broadcast by a distant sta					L	YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa	ace, please	add additional	I rows to the tables.				-
	Column 1: Give the title period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			e community with which the substitut			ls. with the r	month
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	Example.	a program car	ned by a system nom 0.0	1. 15 p.m. to t	5.20.30 p.m		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regain		
						N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							<u> </u>	
							_	
							_	
							_	"
								"
							<u> </u>	"
							<u> </u>	
							_	
								"
							_	
							_]

Accounting Period:	2019/2	FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	9	SYSTEM ID#
	Westfield Community Antenna Association, Inc.		3053
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute thi 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.	smission servi s amount, se \$2	
	COPYRIGHT ROYALTY FEE		
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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 pay for accounting period is \$52.00	this six-month	
	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 \$137,1	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 233,314.57	-	
	3. Subtract line 2 from line 1	-	
		- 233,314.57	
	5. Enter the amount from line 3	30,485.43	-
		202,829.14	
	7. Multiply line 6 by .005 (enter figure here) .	•	1 014 15
			1,014.15
	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	\$	1,014.15
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	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		-
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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)	1,014.15	
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	\$	1,034.15
	EFT Trace # or TRANSACTION ID #	Ι	
	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 m		

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nmunity Antenna Associa	tion, Inc.		SYSTEM ID# 3053
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	s, and (2) the cable system's t I number of channels on whic I television broadcast stations I number of activated channel sable system carried television	ls	ccounting period.	12 57
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of account	HER INFORMATION IS NEEDED (Identify an in nt.)	dividual to whom	
for Further Information	Name	Julie Whitesell		Telephone 8	14-367-5190
	Address	121 Strang Street (Number, street, rural route, apart Westfield, PA 16950 (City, town, state, zip)			
	Email	wcaa1@verizo	n.net	Fax (optional) 814-367-5586	
O Certification	I, the undersign (Own (Ager in X (Offic in · I have examine	ned, hereby certify that (Check of er other than corporation or p nt of owner other than corpor line 1 of space B and that the of cer or partner) I am an officer line 1 of space B. d the statement of account and te, and correct to the best of m	nust be certified and signed in accordance with (one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system ration or partnership) I am the duly authorized and owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of d hereby declare under penalty of law that all state by knowledge, information, and belief, and are made y knowledge, information, and belief, and are made y knowledge, information, and belief, and are made y knowledge, information, and belief, and are made x /s/ Ronald H MacKnight	as identified in line 1 of space B gent of the owner of the cable sy the legal entity identified as own ements of fact contained herein	vstem as identified
		Typed or printer	Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•	
			President official position held in corporation or partnership)		
		Date:		2/25/2020	

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 fling, a determination that would be made by a court of law.

unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
tfield Community Antenna Association, Inc.	30
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." 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. 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? NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT 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 located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	-
xdays Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days 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** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
x	
x	
x	
x	
x	
x	
x	

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