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						
2/26/2020	\$ 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	2019/2			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a 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 accounts. 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	ess of the cable system or on the last day of the counting perion	em he accounting period should s	•
	Verizon Pennsylvania LLC			
				06289720192
				062897 2019/2
	22001 Loudoun County Parkway Ashburn, VA 20147			
С	INSTRUCTIONS: In line 1, give any business or trade names used to it			
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	the system, if diffe	erent from the address give	n in space в.
System	Verizon Fios TV (Pittsburgh, PA) VHO 11			
	MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafras Way (Number, street, rural route, apartment, or suite number) Pittsburgh, PA 15201 (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.			
Served	CITY OR TOWN	STATE		
First	ALEPPO TWP	PA		
Community	Below is a sample for reporting communities if you report multiple cha			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda Alliance	MD MD	A B	1 2
	Gering	MD	В	3
	Coming	1110		

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 SA3E. PAGE 1b.				,
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon Pennsylvania LLC			062897	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorpareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The front of system identification hereafter known as the "first community." Please use it as the first community.	oorated communit st community that	ies within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor below the identified city or town.	•	•	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., o all communities with the channel line-up "A" in the appropriate column below or leave the 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).	ne column blank. elevant communit	If you report any st y with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (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#	1
ALEPPO TWP	PA	Α		First
ASPINWALL BORO	PA	Α		Community
AVALON BORO	PA	Α		
BALDWIN BORO	PA	Α		
BALDWIN TWP	PA	Α		
BELL ACRES BORO	PA	Α		See instructions for
BELLEVUE BORO	PA	Α		additional information
BEN AVON BORO	PA	Α		on alphabetization.
BEN AVON HEIGHTS BORO	PA	Α		
BETHEL PARK BORO	PA	Α		
BLAWNOX BORO	PA	Α		
BOROUGH OF GLEN OSBORNE	PA	Α		Add rows as necessary.
BRADDOCK BORO	PA	Α		
BRADDOCK HILLS BORO	PA	Α		
BRENTWOOD BORO	PA	A		
BRIDGEVILLE BORO	PA	A		
CARNEGIE BORO	PA	A		
CASTLE SHANNON BORO	PA	A		
CHALFANT BORO	PA	A		
CHURCHILL BORO	PA	Ä		
COLLIER TWP	PA	Ä		
CORAOPOLIS BORO	PA PA			
CRAFTON BORO	PA PA	A		
CRESCENT TWP	PA PA	A		
		A		
DORMONT BORO	PA	A		
EAST MCKEESPORT BORO	PA BA	A		
EAST PITTSBURGH BORO	PA	A		
EDGEWOOD BORO	PA DA	A		
ELIZA DETILITION	PA DA	A		
ELIZABETH TWP	PA	A		
EMSWORTH BORO	PA	A		
ETNA BORO	PA	A		
FINDLAY TWP	PA	A		
FOREST HILLS BORO	PA	A		
FOX CHAPEL BORO	PA	A		
FRANKLIN PARK BORO	PA	A		
GLENFIELD BORO	PA	A		
GREENTREE BORO	PA	A		
HAMPTON TWP	PA	A		
HAYSVILLE BORO	PA	A		
HEIDEL BLIDG BODO	DA	Δ		1

РΑ

HOMESTEAD BORO

INDIANA TWP	PA	Α
NGRAM BORO	PA	A
EFFERSON HILLS BORO	PA	A
KENNEDY TWP	PA	A
KILBUCK TWP	PA	A
EET TWP	PA	A
EETSDALE BORO	PA	A
ACCANDLESS TWP	PA	Δ
ICKEES ROCKS BORO	PA	A A
MILLVALE BORO	PA	A
MONROEVILLE BORO	PA	A
MOON TWP	PA	A
MT LEBANON TWP	PA	A
MUNHALL BORO	PA	A
NEVILLE TWP	PA PA	A
NORTH BRADDOCK BORO	PA	A
ORTH FAYETTE TWP	PA	A A
NORTH STRABANE TWP	PA	A
NORTH VERSAILLES TWP	PA	A
NOTTINGHAM TWP	PA	A
DAKDALE BORO	PA	A
DHARA TWP	PA	A
OHIO TWP	PA	A
ENN HILLS TWP	PA	A
ENNSBURY VILLAGE BORO	PA	A
ETERS TWP	PA	Α
ITCARIN BORO	PA	Α
ITTSBURGH CITY	PA	Α
LEASANT HILLS BORO	PA	A
LUM BORO	PA	Α
ANKIN BORO	PA	Α
ESERVE TWP	PA	Α
OBINSON TWP	PA	Α
OSS TWP	PA	Α
OSSLYN FARMS BORO	PA	Α
COTT TWP	PA	Α
EWICKLEY BORO	PA	Α
EWICKLEY HEIGHTS BORO	PA	Α
EWICKLEY HILLS BORO	PA	Α
SHALER TWP	PA	A
SHARPSBURG BORO	PA	A
SOUTH FAYETTE TWP	PA	A
SOUTH PARK TWP	PA	A
STOWE TWP	PA	A
WISSVALE BORO	PA	A
HORNBURG BORO	PA	A
URTLE CREEK BORO	PA PA	A
PPER ST CLAIR TWP	PA	
ALL BORO	PA PA	A ^
		Α
/EST DEER TWP	PA	A
/EST HOMESTEAD BORO	PA	Α
/EST VIEW BORO	PA	A
/HITAKER BORO	PA	A
VHITE OAK BORO	PA	A
VHITEHALL BORO	PA	A
VILKINS TWP	PA	Α
VILKINSBURG BORO	PA	Α
VILMERDING BORO	PA	Α

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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062897 Verizon Pennsylvania LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOC	SK 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	144,550	\$ 25.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	2,015	\$ 35.00			
Converter					
Residential					
Non-residential					
	<u> </u>	ļ		ļ	

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

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 Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	79.99	N/A
Fios TV Mundo	64.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
	-	

Category of Service	Residential Rate	Commercial Rate
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	11.99
Set-Top Box: 6+ boxes	No charge	11.99
Fios Quantum Gateway Router	12.00	9.99
Fios Home Wireless Router	15.00	N/A
Fios TV Activation Fee	99.99	99.99
DVR Service	12.00	12.00
Multi-room DVR Service	N/A	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	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	50.00	N/A
Set-Top Box Retrieval Fee	99.00	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	100.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV One Voice Remote	24.99	N/A
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Route	124.00	100.00
Unreturned/Damaged Wireless Router	175.00	N/A
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon Pennsylvania LLC 062897 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 (Yes or No) CARRIAGE NUMBER STATION (If Distant) **KDKA** 2 Ν No Pittsburgh **WPCW** 19 ı No Jeannette See instructions for WTAE additional information 4 Ν No Pittsburgh on alphabetization. **WPCB** No 40 ı Greensburg **WPGH** 53 1 No Pittsburgh **WPNT** 22 ı No Pittsburgh **WPXI** Ν No 11 Pittsburgh WQED 13 Ε No Pittsburgh **WQED PBS Kids** E-M 13 No Pittsburgh WINP 16 ı No Pittsburgh Ν **KDKA-simulcast** 25 No Pittsburgh **WPCW-simulcast** 11 ı No Jeannette WTAE-simulcast 51 Ν No Pittsburgh WPCB-simulcast 40 ı No Greensburg **Pittsburgh** WPGH-simulcast 43 ı No **WPNT-simulcast** 22 I No Pittsburgh **WPXI-simulcast** 48 Ν No Pittsburgh **WQED-simulcast** 38 Ε No **Pittsburgh**

PRIMARY TRANSMITT		/STEM:			SYSTEM ID#	Namo
	ylvania LLC				062897	Name
n Ganaral: In space (ERS: TELEVISIO	ON				
carried by your cable services and regulat (6.59(d)(2) and (4), 76 substitute program ba Substitute Basis services as under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fc Column 1: List each multicast stream as "WETA VETA-simulcast).	system during the tions in effect or 6.61(e)(2) and (sis, as explaine Stations: With Inc CC rules, regulare here in space only on a substand also in spanformation concorm. The station's call associated with A-2". Simulcast	he accounting In June 24, 1984, or 76.63 (red in the next prespect to any attons, or auth G—but do list titute basis. ace I, if the stateming substitution on the a station according to the streams must	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination cording to its ow- be reported in o	(1) stations carried e carriage of cert 1(e)(2) and (4))]; as carried by your described by your described both on a substitus, see page (v) on program services er-the-air designate column 1 (list each	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in	Primary Transmitters: Television
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062897 Verizon Pennsylvania LLC 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: 2019/2
LEGAL NAME OF OWNER OF Verizon Pennsylvania		EM:			S	062897	Name
SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor	nnetwork televis	ion program broadcast by a	ı distant statior			I
explanation of the programm 1. SPECIAL STATEMENT • During the accounting periproadcast by a distant state Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, research for futher informatitities, for example, "I Love Lolumn 2: If the program Column 3: Give the call secolumn 4: Give the broat the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 gives the state of the case of Maxican or May 7 gives the state of the case of Maxican or Cancolumn 5: Give the mon first. Example: for May 7 gives the state of the case of Maxican or Cancolumn 5: Give the mon first. Example: for May 7 gives the state of the case of Maxican or Cancolumn 5: Give the mon first. Example: for May 7 gives the state of the case of the case of Maxican or Cancolumn 5: Give the mon first. Example: for May 7 gives the state of the case of the	ing that must CONCER iod, did you ion? ", leave the EPROGRA itute prograce, please a of every noi distant statingulations, o tion. Do no ucy" or "NE no was broach sign of the sidcast static adian statio th and day we "5/7."	minus deligible included in NING SUBST reable system rest of this page of this page of the system on a separal attach additional that your authorization to use general of the system of	this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute basing blank. If your answer is the line. Use abbreviations was pages. It is a pages. It is a pages of the generate of the generate of the substitute part of the generate of the substitute program was carried by your of the substitute program was	e general instructions, any nonnet "Yes," you mu wherever poss rogram) that, d for the progreral instruction "basketball". lo." m. station is licer station is licer station is loen program. Use cable system.	twork television program 'Yes sist complete the program sible, if their meaning is during the accounting ramming of another stati ns located in the paper List specific program nsed by the FCC or, in tified). numerals, with the moni-	er SA3 form. X No ion	Substitute Carriage: Special Statement and Program Log
Column 7: Enter the lette to delete under FCC rules a gram was substituted for pre effect on October 19, 1976.	and regulation	ons in effect du	em was permitted to delete	; enter the lett under FCC ru WHE	ter "P" if the listed pro	7. REASON FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Pennsylvania LLC

O62897

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m." 12:00 p.m."

		DAT	ES A	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN	WHEN CARRIAGE OCCURRED HOURS CALL SIG		CALL SIGN	WHEN CARRIAGE OCCURRED HOURS					
	DATE	FROM	URS	S TO			DATE	FROM	OURS	TO
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	SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nama		
Vei	izon Pennsylvania LLC		062897	Name		
all a (as pag	POSS 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 section dentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmiss compute this amo	ion service	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.						
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line	1 of			
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2	in block			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered or	n line			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at					
	Line 1. Enter the amount in line 1 by 0.01064 Enter the result here.		00,707,000.40			
	This is your minimum fee.	\$	593,364.78			
Block 2	· ·					
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	\$	593,364.78	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r	0.00	submitting additional deposits under		
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing		
	Line 4. FILING FEE	<u></u> \$	725.00	additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	594,089.78	appropriate form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)					

	LEGAL NAME OF OWNER OF OAR	E QUOTELL	SYSTEM ID#				
Name	LEGAL NAME OF OWNER OF CABI Verizon Pennsylvania L		062897				
	•						
R.A	CHANNELS	us (4) the number of channels on which the cable system against television broadcast	atations				
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations						
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
	1. Enter the total number of	of channels on which the cable	33				
	system carried television	broadcast stations					
	Enter the total number of	of activated channels					
		m carried television broadcast stations	440				
	and nonbroadcast servic	es	446				
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)						
Individual to							
Be Contacted							
for Further	Name Patrick Mer	rick Telephone	703-694-5088				
Information							
	Address 22001 Loudoun County Parkway						
	(Number, street, rural route, apartment, or suite number)						
	Ashburn, VA 20147 (City, town, state, zip)						
	Email patı	ick.merrick@verizon.com Fax (optional)					
CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.							
0							
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 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 identifed 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus					
			occupationity settings.				
	Typed or printed name: Veronica C. Glennon						
	Title						
		(Title of official position held in corporation or partnership)					
	Data	· Fahruan 28 2020					
	Date	: February 28, 2020					

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 Pennsylvania LLC	O62897	Name
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 flowing 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 scribers 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 in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	fol- c sub-)."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayn For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nent.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	 je)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease	
** 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 Office, please list below the owner, address, first community served, accounting period, and ID number as given in the origining.	jinal	
Owner Address		
First community served Accounting period ID number		

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