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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>		
General instru	ems (Short Form) actions are located of this workbook	02/25/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:	(YYYY/(Period))			
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20192	Barcode Data Filing Period (option	nal - see instructions)			
Accounting Period						
B Owner	corporate title of the subsidiary, not th List any other name or names under wi	at of the parent corporation. hich the owner conducts the business he accounting period, only the owner nd royalty fee payment covering the e	on the last day of the accounting period sh entire accounting period.			
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYST	EM			
	Family View Cablevision					
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERI	ENT)			
	MAILING ADDRESS OF OWNER C 217 Seagull Lane (Number, street, rural route, apartment, or sui Anderson SC 29625					
	(City, town, state, zip)	coincos or trado pomos used to	identify the husiness and exercise	of the overtage uplace these		
C	INSTRUCTIONS: In line 1, give any bunch as a line any bunch and a line any appear in space B. In line and a					
System	1	:				
	MAILING ADDRESS OF CABLE SYST	EM:				
	2 (Number, street, rural route, apartment, or sui	te 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 suffciency of the fling, a determination that would be made by a court of law.

Name Family Use Cablevision Pamily Use Cablevision Instructions: List each separate community served by the cable system. A "community" is the same as a "community including single, discrete unincorporated areas)." A7 C.F.R. 76.5(dd). The first community that you list will serve as a 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 identified city. First Community CITY OR TOWN Statte Add leases in interestry CITY OR TOWN Statte Add leases in interestry Anderson SC Williamston SC Williamston SC Williamston SC Williamston SC	orated areas and			Name
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NI	LEGAL NAME OF OWNER OF	CABLE SYSTEM:					SYS	STEM ID#
Name	Family View Cablevisio	on						63787
_	SECONDARY TRANSMISSIO	N SERVICE: SUB	SCRIBERS AND	O RATES				
E	In General: The information in	•	-	•				
Secondary	system, that is, the retransmiss about other services (including							า
ransmission	last day of the accounting perio	•••		•			e existing on the	
ervice: Sub-	Number of Subscribers: Bo	•					•	
scribers and Rates	down by categories of seconda each category by counting the	•	-					
natoo	separately for the particular set	vice at the rate ind	icated-not the	number of sets	receiving	g service).		
	Rate: Give the standard rate	-					-	- + -
	unit in which it is generally bille category, but do not include dis		,	•	i rate var	lations wit	nin a particular ra	ale
	Block 1: In the left-hand bloc	k in space E, the f	orm lists the cat	egories of seco	-			
	systems most commonly provious that applies to your system. No							ory
	categories, that person or entit		-		-			ial
	subscriber who pays extra for o	able service to add	ditional sets woເ	uld be included i		• •	•	
	first set" and would be counted Block 2: If your cable system	0		• • •	ervice the	at are diffe	erent from those	
	printed in block 1 (for example,	•						er
	with the number of subscribers sufficient.	and rates, in the ri	ght-hand block.	A two- or three	-word de	scription o	of the service is	
		DCK 1				BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGOR	Y OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIADENCO						
	 Service to first set 	299	\$65.95					
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SE			TES	vour oob	la avatami	a convicco that w	
	In Company Conserve Frankle for a) information wit	la secondate all		le system	s services that w	ere
F	In General: Space F calls for r not covered in space E, that is,				-	-	rv transmission	
_	not covered in space E, that is service for a single fee. There	those services that are two exceptions	it are not offered you do not nee	d in combinatior ed to give rate ir	n with any nformatio	/ seconda n concern	ing (1) services	
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ounting Period:	<u> </u>			FORM SA1-2E. PAGE
Name				SYSTEM ID 6378
	Family View Cablevia			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> of • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	I also in space I, if the station was car ion concerning substitute basis statio on's call sign. <i>Do not</i> report originatic ed with a station according to its over	eept (1) stations carried only on a pa ing the carriage of certain network pro- 76.61(e)(2) and (4))]; and (2) certain is carried by your cable system on a I (the Special Statement and Progra- rried both on a substitute basis and a ons, see page (v) of the general instr- on program services such as HBO, E -the-air designation. For example, re- television station for broadcasting ov C. ork station, an independent station, of M" (for network multicast), "I" (for ind il), or "E-M" (for noncommercial educ structions in the paper SA1-2 form. list the community to which the stati	art-time basis under ograms [sections stations carried on a substitute program am Log)—if the also on some other ructions. ESPN, etc. Identify each report multistream ver the air in its community or a noncommercial dependent), "I-M" cational multicast). ion is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			,	
	WYFF	4	N	GREENVILLE SC
d Rows as Necessary	WYFF WNTV	4 29	N	GREENVILLE SC GREENVILLE SC
I Rows as Necessary		-		
J Rows as Necessary	WNTV	29	E	GREENVILLE SC
J Rows as Necessary	WNTV WSPA	29 7	E	GREENVILLE SC SPARTANBURG SC
d Rows as Necessary	WNTV	29	E	GREENVILLE SC
	WSPA	7	N	SPARTANBURG SC
	WGGS	16	I	GREENVILLE SC
d Rows as Necessary	WNTV WSPA WGGS WHNS WLOS	29 7 16 21 13	E N I N	GREENVILLE SC SPARTANBURG SC GREENVILLE SC GREENVILLE SC ASHEVILLE SC
d Rows as Necessary	WNTV	29	E	GREENVILLE SC
	WSPA	7	N	SPARTANBURG SC
	WGGS	16	I	GREENVILLE SC
	WHNS	21	N	GREENVILLE SC
	WLOS	13	N	ASHEVILLE SC
	WMYA	40	I	GREENVILLE SC
d Rows as Necessary	WNTV WSPA WGGS WHNS WLOS	29 7 16 21 13	E N I N	GREENVILLE SC SPARTANBURG SC GREENVILLE SC GREENVILLE SC ASHEVILLE SC
d Rows as Necessary	WNTV	29	E	GREENVILLE SC
	WSPA	7	N	SPARTANBURG SC
	WGGS	16	I	GREENVILLE SC
	WHNS	21	N	GREENVILLE SC
	WLOS	13	N	ASHEVILLE SC
	WMYA	40	I	GREENVILLE SC
d Rows as Necessary	WNTV	29	E	GREENVILLE SC
	WSPA	7	N	SPARTANBURG SC
	WGGS	16	I	GREENVILLE SC
	WHNS	21	N	GREENVILLE SC
	WLOS	13	N	ASHEVILLE SC
	WMYA	40	I	GREENVILLE SC
d Rows as Necessary	WNTV	29	E	GREENVILLE SC
	WSPA	7	N	SPARTANBURG SC
	WGGS	16	I	GREENVILLE SC
	WHNS	21	N	GREENVILLE SC
	WLOS	13	N	ASHEVILLE SC
	WMYA	40	I	GREENVILLE SC
d Rows as Necessary	WNTV	29	E	GREENVILLE SC
	WSPA	7	N	SPARTANBURG SC
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	WSPA	7	N	SPARTANBURG SC
	WGGS	16	I	GREENVILLE SC
	WHNS	21	N	GREENVILLE SC
	WLOS	13	N	ASHEVILLE SC
	WMYA	40	I	GREENVILLE SC

Family View	F OWNER OF		E SYSTEM:					SYSTEM
								63
	t every radio	station	O carried on a separate and o generally receivable by your					н
Teceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf) it is carried monitoring, t ormation abo rm. dentify the ca State whether f the radio sta	by the s to be re- but the all sign o r the sta ation's s	All-Band FM Carriage: Und system whenever it is receiv ceived at the headend, with Copyright Office regulations of each station carried. ation is AM or FM. signal was electronically pro	ed at the system the system's FN s on this point, s cessed by the c	n's headend, / antenna, du ee page (v) o	and (2) uring ce f the ge	it can be expected, rtain stated intervals. neral instructions in the.	Primary Transmitter Radio
Column 4: G	Give the station	on's loc	eck mark in the "S/D" colum ation (the community to whi ny, the community with which	ch the station is	-	he FCC	c or, in the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0, -				0.2		
				,				
						-		

Accounting Peri							FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OI	CABLE SY	STEM:					SYSTEM ID#
Name	Family View Cablevis	ion						63787
Substitute	SUBSTITUTE CARRIAG carried on a <i>substitute bas</i> authorizations. For a furthe instructions in the paper SA	is during th r explanation	e accounting	period, under specific pre	esent and for			
Carriage:	1. SPECIAL STATEMEN		ERNING SUE	STITUTE CARRIAGE				
Special Statement and	 During the accounting period 	eriod, did y	our cable sys	tem carry, on a substitu	te basis, any	/ nonnetwo	ork televisior	n program
	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "N	o", leave tł	ne rest of this	page blank. If your answ	wer is "Yes,"	you must	complete the	e program
	log in block 2.							
	 LOG OF SUBSTITUT In General: List each sub clear. If you need more sp Column 1: Give the title period, was broadcast by under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 3: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m. Column 7: Enter the le to delete under FCC rules was substituted for program 	stitute prog pace, pleas e of every r a distant s regulations pries like "r s. Bulls." am was bro l sign of th padcast sta anadian sta poth and da give "5/7." nes when t s. Example " tter "R" if th and regul	gram on a sep se add addition nonnetwork te tation and tha s, or authorizat movies" or "ba badcast live, e e station broa ation's location ations, if any, t ay when your the substitute e: a program of the listed progrations in effect	nal rows to the tables. elevision program ("subs t your cable system sub tions. See page (v) of the sketball." List specific p enter "Yes." Otherwise e adcasting the substitute in (the community to which the community with which system carried the subs program was carried by carried by a system from the accounting the accounting	stitute progra stituted for t ne general in program titles nter "No." program. ch the station ch the station titute progra your cable 6:01:15 p.n programmin period; ente	am") that, o he program istructions s, for exam n is license n is identifi am. Use nu system. Lic n. to 6:28:3 ng that you er the letter	during the ac mming of and for further in pple, "I Love ed by the FC ied). umerals, with st the times a 30 p.m. shou r system was r "P" if the lis	counting other station formation. Lucy" or C or, in the month accurately Id be s <i>required</i> ted program
	effect on October 19, 197					EN SUBS	-	
	1. TITLE OF PROGRAM		E PROGRAM		5. MONT	-		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	/ FROM	— то	
							_	
							_	
							_	
							_	
					-			
							_	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID							
Name	Family View Cablevision	6378							
K Gross Receipts	 GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compage (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. 	y transmission 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 ec Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527 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								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must accounting period is \$52.00	pay 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. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	57,100)							
	1. Base amount under statutory formula	-							
	2. Enter amount of gross receipts from space K	-							
	3. Subtract line 2 from line 1	-							
	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	0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	27,600)							
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula \$ 263,800.00								
	3. Subtract line 2 from line 1	-							
	4. Multiply line 3 by .01								
		4 940 99							

	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)\$ 52.00 2. Filing Fee (See the instructions for more information on filing fee calculations)\$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID # 26NPQVT6
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period	: 2019/2									FORM S	6A1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM ablevision	И:								SYSTEM ID# 63787
M Channels	to its subscribers	ou must give (1) the numbers, and (2) the cable system number of channels on wissistem carried televis number of activated chan on which the cable sy and nonbroadcast set	n's total nun hich the cat sion broadc nels vstem carrie	nber of ac ble ast statio ed televisi	ns	s during th	ne accountin	g period.		8 69	
N Individual to Be Contacted	we can contact a	BE CONTACTED IF FUR		ORMATIO	ON IS NEEDED ((Identify a	an individual		004.005	0445	
for Further Information	Name	Larry Waterman						Telephone	864-885-	9115	
	Address	217 Seagull Lane (Number, street, rural route, apa	artment, or sui	ite number)							
		Anderson SC 29									
		(City, town, state, zip)									
	Email	larryw4881@	aol.com				Fax (optiona	al			
	CERTIFICATION	(This statement of accoun	t must be c	ertified ar	nd signed in acco	ordance w	vith Copyrigh	nt Office regu	ulations)		
O Certification	• I, the undersigne	ed, hereby certify that (Chec	ck one, <i>but c</i>	only one ,	of the boxes.)						
	X (Owner	r other than corporation o	or partnersh	nip) I am t	he owner of the ca	able syste	em as identif	ied in line 1 o	f space B; or		
	(Agent	of owner other than corp in line 1 of s	-	-	hip) I am the duly a owner is not a corp		-		e cable system	n as identified	
	(Office	e r or partner) I am an office in line 1 of s		oration) or	a partner (if a par	rtnership)	of the legal e	entity identifie	d as owner of	the cable syst	tem
		d the statement of account a e, and correct to the best of on 1001(1986)]	•						ed herein		
			Enter an el	ectronic si	ignature on the line an "/s/ signature"	e above to					
		Typed or printe	ed name:	Larry	Waterman						
		Title:	Owner (Tit		position held in corp	poration or p	partnership)				
		Date:	02/25/2	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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
mily View Cablevision	6378
 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 su 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 located in the paper SA1-2 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? 	Ub- Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) belo \$	
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.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment \$ 67.0	O Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment \$ 67.0 x	O Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	O Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme T Asse
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