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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	by email to:	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT		
General instru	ctions are located	2/28/2020	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α					
	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period		Barcode Data Filing Period (optiona	- see instructions)		
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the par		sidiary of another corporation, give the full c	orporate	
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should nting period.		
	Check here if this is the system's first filin	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	7274	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1		
	MEDIACOM CALIFORNIA LLC				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
	ONE MEDIACOM WAY				
	(Number, street, rural route, apartment, or suite	number)			
	MEDIACOM PARK, NY 10918 (City, town, state, zip)				
	INSTRUCTIONS: In line 1, give any busi	iness or trade names used to ide	entify the business and operation of th	ne system unless these	
C	names already appear in space B. In line				
System	1				
	MEDIACOM CALFORNIA LLC				
	MAILING ADDRESS OF CABLE SYSTEM	Λ:			
	2 8 TOBIAS ROAD BIN C	number			
	KERNVILLE, CA 93238				
	(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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM CALIFORNIA LLC	7274
D	Instructions: List each separate community served by the cable system. A "cr "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	rated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future fi	lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	KERN COUNTY	
community		
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM IC 727
	MEDIACOM CALIFORN								
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services of th								
Transmission	last day of the accounting period	, , ,	,		,			ing on the	
Service: Sub-	Number of Subscribers: Bot	`				,	ble system	, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n			0,0		•		charged	
	separately for the particular serventian Rate: Give the standard rate of							re and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc				· · , · · · · · · · · · ·				
	Block 1: In the left-hand block	•		0					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	has rate categ	ories fo	r secondary trar	nsmission	service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-	hand block. A tw	/o- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF		DATE	0.4.7			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		1.109	29.99-49.49					
	Service to additional set(s)		1,103	23.33-43.43					
	• FM radio (if separate rate)								
	, , ,								
	Motel, hotel Commercial		2	20.00.40.40					
	Converter		3	29.99-49.49					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				5				
_	In General: Space F calls for ra				-	Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There a	•			•				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	y billed. If ally la	les ale ci	largeu on a van	able pei-p	logiani basis,	
ransmissions:	Block 1: Give the standard ra		the cab	le system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a		-		shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the r	ate for each.			-		
		BLO	-					BLOCK 2	-
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi	dential		E a ser i la s	Oshla	70
	• Pay cable	PP		otel, hotel			Family	Cable	76.4
	Pay cable—add'l channel	PP	-	mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	99.99		rglar protection					
	 Additional set(s) 	15.00-29.00							
	• FM radio (if separate rate)			connect		29.00			
	Converter	10.50	• Dis	sconnect					
	0011101101								
			۰Ou	itlet relocation		15.00-29.00			
					ess	15.00-29.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name				72
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rule • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station' multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each of educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	of (1) stations carried only on a part- the carriage of certain network progre 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- tivision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBAK/KBAK (HD) CBS	33	N	
	INDAININDAIN (IID) ODO			BAKERSFIELD, CA
	KBAK-DT3 Grit	33.3	I-M	BAKERSFIELD, CA BAKERSFIELD, CA
l Rows as Necessary		33.3 29	I-M I	
l Rows as Necessary	KBAK-DT3 Grit		I-M I I-M	BAKERSFIELD, CA
l Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX	29	I	BAKERSFIELD, CA BAKERSFIELD, LA
J Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD	29 29.2	I I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA
l Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet	29 29.2 29.3	I I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA
l Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND	29 29.2 29.3 9	I I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA
J Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC	29 29.2 29.3 9 10	I I-M I-M I N	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA
J Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV	29 29.2 29.3 9 10 10.2	I I-M I-M I N I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA
d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT3 MeTv	29 29.2 29.3 9 10 10.2 10.3	I I-M I-M I I N I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA
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d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT3 MeTv KERO-DT4 Grit KGET NBC/KGET NBC (HI	29 29.2 29.3 9 10 10.2 10.3 10.4 25 25.2	I I-M I-M I N I-M I-M I-M I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT2 Court TV KERO-DT3 MeTv KERO-DT4 Grit KGET NBC/KGET NBC (HI KGET-DT2/KGET-DT2 CW	29 29.2 29.3 9 10 10.2 10.3 10.4 25 25.2 25.4	I I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
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d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT2 Court TV KERO-DT3 MeTv KERO-DT4 Grit KGET NBC/KGET NBC (HI KGET-DT2/KGET-DT2 CW	29 29.2 29.3 9 10 10.2 10.3 10.4 25 25.2 25.4	I I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT2 Court TV KERO-DT3 MeTv KERO-DT4 Grit KGET NBC/KGET NBC (HI KGET-DT2/KGET-DT2 CW	29 29.2 29.3 9 10 10.2 10.3 10.4 25 25.2 25.4	I I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
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d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT2 Court TV KERO-DT3 MeTv KERO-DT4 Grit KGET NBC/KGET NBC (HI KGET-DT2/KGET-DT2 CW	29 29.2 29.3 9 10 10.2 10.3 10.4 25 25.2 25.4	I I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT2 Court TV KERO-DT3 MeTv KERO-DT4 Grit KGET NBC/KGET NBC (HI KGET-DT2/KGET-DT2 CW	29 29.2 29.3 9 10 10.2 10.3 10.4 25 25.2 25.4	I I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA
d Rows as Necessary	KBAK-DT3 Grit KBFX/KBFX (HD) FOX KBFX-DT2 TBD KBFX-DT3 Comet KCAL/KCAL (HD) IND KERO/KERO (HD) ABC KERO-DT2 Court TV KERO-DT2 Court TV KERO-DT3 MeTv KERO-DT4 Grit KGET NBC/KGET NBC (HI KGET-DT2/KGET-DT2 CW	29 29.2 29.3 9 10 10.2 10.3 10.4 25 25.2 25.4	I I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	BAKERSFIELD, CA BAKERSFIELD, LA BAKERSFIELD, LA BAKERSFIELD, LA LOS ANGELES, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA BAKERSFIELD, CA

Accounting Period:	2019/2	FORM SA1-2E. PAGE 3.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MEDIACOM CALIFORNIA LLC	7274
	PRIMARY TRANSMITTERS: TELEVISION	
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> 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 <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its commun of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), "I-M" (for independent multicast), "E" (for noncommercial educations) in the paper	
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.	
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC/	ATION OF STATION

EGAL NAME OF									SYSTEM 72
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab						н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If isignal, indicate	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat this by placing	y the sys be recei t the Cc sign of e he static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the sy system' his poir ed by th	stem's he s FM ante nt, see pag ne cable s	adend, and (2 mna, during c ge (v) of the g	2) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
/lexican or Can	adian stations	s, if any,	the community with which the	station	is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CAL	L SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	MEDIACOM CALIFOR	NIA LLC						7274
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, ident	-	-			tion that you	r cable sve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	-			sis anv noni	network telev	vision proa	ram
Statement and		-		n cany, on a cabolitato ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa					الد من الم الم الم		·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog		aanaad bu th	a FCC ar	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour systen	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.5
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							-	
						_		
						_		
							-	
						_		
							-	
						_		
						_		
				1				

Accounting Period:	2019/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Name	MEDIACOM CALIFORNIA LLC			7274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary transm how to compute this a	ission service amount, see	59,663.86
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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600 nation.	263,800	
	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 accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	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 (b			
	1. Base amount under statutory formula\$	263,800.00		
	2. Enter amount of gross receipts from space K	259,663.86		
	3. Subtract line 2 from line 1 \$	4,136.14		
	Enter the amount of gross receipts from space K		259,663.86	
	5. Enter the amount from line 3	\$	4,136.14	
	6. Subtract line 5 from line 4	\$ 2	255,527.72	
	7. Multiply line 6 by .005 (enter figure here)			1,277.64
	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	\$	1,277.64
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800) (but less than \$527,	600)	
	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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	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)	\$	1,277.64	
546	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		\$	1,297.64
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 fo			ghts!

Accounting Period:	2019/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF ON	WNER OF CABLE SYSTEM: LIFORNIA LLC					SYSTEM ID# 7274
M Channels	 to its subscribers, Enter the total r system carried to Enter the total r on which the cat 	u must give (1) the number o , and (2) the cable system's t number of channels on which television broadcast stations number of activated channels ble system carried television ast services	total numb h the cabl ls ı broadcas	per of activated cha e 	unnels during the a	accounting period.	s 20 61
N Individual to Be Contacted	we can contact ab	BE CONTACTED IF FURTH bout this statement of accour		RMATION IS NEE	DED (Identify an i		
for Further Information	Name Address	Kenneth J. Kohrs				Telepho	ne 845-443-2762
		One Mediacom Way (Number, street, rural route, apartu Mediacom Park, NY (City, town, state, zip)	tment, or sui	te number)			
	Email	Copyrights@m	ediacomo	cc.com		Fax (optional)	
O Certification	I, the undersigned (Owner (Agent in lir (Office in lir I have examined	This statement of account m id, hereby certify that (Check of r other than corporation or p of owner other than corpora ne 1 of space B and that the of er or partner) I am an officer (ne 1 of space B. the statement of account and b, and correct to the best of my in 1001(1986)]	one, but on partnershi ation or p owner is no (if a corpor d hereby da y knowledg	ily one, of the boxes ip) I am the owner of artnership) I am th ot a corporation or p ration) or a partner (eclare under penalty ge, information, and /s/ Kenneth J	s.) of the cable system e duly authorized : partnership; or (if a partnership) o y of law that all sta belief, and are m: . Kohrs on the line above t	n as identified in line 1 of spa agent of the owner of the cab f the legal entity identified as tements of fact contained he ade in good faith.	ce B; or le system as identified owner of the cable system
		Typed or printed		Kenneth J. H President, Fina		ing	
		(Title of o Date:		on held in corporation o		2/18/2020	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM CALIFORNIA LLC	72
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for these revells neumonts submitted as a result of a late neumont or underneumont	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q 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	Q Interest Assessme
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