This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.go</u>
General instructions are located in the first tab of this workbook	08/25/2020	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150
			1

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63660
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MASSILLON CABLE TV, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		814 CABLE CT NW, PO BOX 1000 (Number, street, rural route, apartment, or suite number)	
		MASSILLON, OH 44647 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
<u> </u>			

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

Name		SYSTEM ID#
	MASSILLON CABLE TV, INC.	63660
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w 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	nunities within unincorporated areas and including single, vill serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First Community	VILLAGE OF WOODSFIELD MONROE COUNTY VILLAGE OF LEWISVILLE MONROE COUNTY	OH OH
	CENTER TWP MONROE COUNTY	ОН
Add Rows as Necessary	SUMMIT TWP MONROE COUNTY LEE TWP MONROE COUNTY	ОН ОН
	OHIO TWP MONROE COUNTY	OH

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name	MASSILLON CABLE TV							515	6366
	MASSILLON CABLE IV	, INC.							
Е	SECONDARY TRANSMISSION		-	-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Fransmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							cnarged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.				ny standa	rd rate variations	within a p	articular rate	
	category, but do not include disc							- 44 - 4 4 -	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					convice that are	different fr	om those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.		-		-				
	BLC	DCK 1	· · · · ·				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		498	39.50					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the					R I I			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
Nates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	le the rate	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installat	ion: Non-res	idential				
			 Mote 	l, hotel					
	• Pay cable	38.45							1
	•	38.45	• Com	mercial					
	• Pay cable	38.45	• Com • Pay o						
	• Pay cable • Pay cable—add'l channel	38.45	•Pay		nannel				
	 Pay cable Pay cable—add'l channel Fire protection 	38.45	• Pay • Pay	cable	nannel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	38.45	• Pay • Pay • Fire	cable cable-add'l ch					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	38.45	• Pay • Pay • Fire	cable cable-add'l ch protection lar protection					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	38.45	• Pay • Pay • Fire • Burg	cable cable-add'l ch protection lar protection prvices:					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	38.45	• Pay o • Pay o • Fire o • Burg Other se • Reco	cable cable-add'l ch protection lar protection prvices:					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	38.45	• Pay 6 • Pay 6 • Fire 1 • Burg Other se • Reco	cable cable-add'l ch protection lar protection prvices: onnect					

	LEGAL NAME OF OWNER OF			FORM SA1-2E. PAGE 3
Name	MASSILLON CABLE T			63660
		•		
G Primary nsmitters: elevision	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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, Wit Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	lso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station	ime basis under ims [sections itions carried on a bostitute program Log)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WTRF ABC	7.3	N-M	WHEELING
	WTRF CBS	7.1	Ν	WHEELING
s Necessary	WOUB PBS	44.1	E	CAMBRIDGE
	WTOV NBC	9.1	N	STEUBENVILLE
	WTOV FOX	9.2	N-M	STEUBENVILLE
		_		
	WTRF MY NETWORK	7.2	N-M	WHEELING
	WTRF MY NETWORK WTOV ME TV	7.2 9.3	N-M N-M	WHEELING STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE
	WTOV ME TV	9.3	N-M	STEUBENVILLE

EGAL NAME OF			. C I EIVI.					SYSTEM 636
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) in the basis of cor detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM anto this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain s general i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		UNEL UIGN		5,0		
		+						
	L							

Accounting Perio	d: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MASSILLON CABLE T	V, INC.						63660
	SUBSTITUTE CARRIAGE				G			
I I	In General: In space I, identi				-	ion that your a	able sveto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMENT				0	•		
Special	During the accounting period				s any nonne	twork televisio	n nroaram	
Statement and	• •	•	cable system	carry, on a substitute bas			- · ·	
Program Log	broadcast by a distant stat	.1011 ?					YES	X NO
	Note: If your answer is "No'	, leave the r	est of this pag	e blank. If your answer is	"Yes," you mu	ist complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their r	neaning is	
	clear. If you need more spa							
	period, was broadcast by a			sion program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				"Yes." Otherwise enter "N				
	Column 3: Give the call s	sign of the st	tation broadca	sting the substitute progra	m.		00 an in	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	th
	first. Example: for May 7 giv		····· , - ··· - , - ·			,		
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "D" if the li	isted program	was substituted for progra	mming that y	our oveter w	na raquira	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.	• •	-			-		
						IN SUBSTITU		
	5		E PROGRAM			AGE OCCUI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	ТО	
						_		
						_		
						_		
					•	_		
					•	_		
						_		
						_		
						_		
1						—		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Haile	MASSILLON CABLE TV, INC.	63660
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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.	n service
	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 \$263,8 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	300
	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 this s accounting period is \$52.00	six-mon [,]
	Line 1. Royalty fee for accounting period	552.00
	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	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	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 \$527,600))
	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	
		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)	52.00
Due	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 # 26PPAQEQ	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV, INC.	SYSTEM ID# 63660
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	10 78
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name KATHERINE GESSNER	330-833-5509
Information	Address Address 814 CABLE CT NW PO BOX 1000 (Number, street, rural route, apartment, or suite number) MASSILLON, OH 44648	
	(City, town, state, zip) Email Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) or a partnership, or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned 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)] Mathematical Statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: KATHERINE GESSNER	stem as identified
	Title: PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 8/24/2020	

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unting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
SILLON CABLE TV, INC.	6366
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.	P Special Statement Concerning Gross Receipts Exclusior
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? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
	Q Interest Assessmer
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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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