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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT	_	
Cable Syste	uctions are located of this workbook	2/9/21	\$ ALLOCATION NUMBER	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYYY/(Period))		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period					
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full (corporate	
Owner	List any other name or names under whi	ch the owner conducts the business of	f the cable system.		
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period should inting period.	d submit a	
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	5274	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	И		
	OTEC COMMUNICATION COMPAN	Ŷ			
	BUSINESS NAME(S) OF OWNER O		T)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	PO BOX 427				
	(Number, street, rural route, apartment, or suite r OTTOVILLE, OH 45876 (City, town, state, zip)	umber)			
С	INSTRUCTIONS: In line 1, give any busi				
System	names already appear in space B. In line	2, give the mailing address of t	he system, if different from the addre	ss given in space B	
	MAILING ADDRESS OF CABLE SYSTEM	 I:			
	2 (Number, street, rural route, apartment, or suite r	number)			
	2 (Number, street, rural route, apartment, or suite r (City, town, state, zip code)	umber)			

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 it 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:	FORM SA1-2E. PAG
Name		
	OTEC COMMUNICATION COMPANY	52
D	Instructions: List each separate community served by the cable system. A "community" i "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.	unities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Area Served	identified city.	
		STATE
First	OTTOVILLE	OH
Community	CLOVERDALE	ОН
	MONTEREY TWP - PUTNAM	ОН
Add Rows as Necessary	JACKSON TWP - PUTNAM	OH
	PERRY TWP - PUTNAM	ОН
	JENNINGS TWP - PUTNAM	ОН
	WASHINGTON TWP - PAULDING	ОН
	LATTY TWP - PAULDING	ОН
	GROVER HILL	ОН
	JACKSON TWP - VAN WERT	ОН
	HOAGLIN TWP - VAN WERT	ОН
	DUPONT	OH
	WASHINGTON TWP - VAN WERT	OH

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID	
Name								010	527	
Е	SECONDARY TRANSMISSION									
	In General: The information in s system, that is, the retransmission									
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					,			
Rates	each category by counting the n	•		•		•				
	separately for the particular serv	ice at the rate	indicate	d—not the nur	mber of se	ts receiving ser	vice).	Ũ		
	Rate: Give the standard rate of									
	unit in which it is generally billed category, but do not include disc					ard rate variation	ns within a j	particular rate		
	Block 1: In the left-hand block					condary transmi	ssion servio	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					· · ·	•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a					•	,.			
	sufficient.		e nym-n	anu Diock. A t		ee-word descrip		Service is		
		DCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI	
	Residential:	SUBSCRID	LING		UAT		WICL	SOBSCRIBERS	10411	
	Service to first set		536	29.45	IPTV			307	29.4	
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA			s					
F	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t					,				
Services	service for a single fee. There an furnished at cost or (2) services	•			•		• • • •			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0		
Transmissions:	Block 1: Give the standard rat			•				wara not		
Rates	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		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:		Installa	tion: Non-res	sidential					
	• Pay cable	14.45		el, hotel				DED BASIC	43.0	
	 Pay cable—add'l channel 	17.25		nmercial				KPANDED BAS	51.5	
	Fire protection		-	cable			IPTV DI	GITAL BASIC	12.2	
	•Burglar protection		-	cable-add'l cl	nannel					
	Installation: Residential			protection						
	First set	35.00		glar protection						
	Additional set(s) EM radio (if separate rate)	T&M		services: connect						
	 FM radio (if separate rate) Converter 			connect						
	Converter									
			• () • •	lat releastion						
				let relocation /e to new addr	ess					

inting Period: 2	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	OTEC COMMUNICAT			5274
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program I both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBGU	27.1	E	BOWLING GREEN - LIMA OH
	WBGU	27.2	E-M	BOWLING GREEN - LIMA OH
Rows as Necessary	WBGU	27.3	E-M	BOWLING GREEN - LIMA OH
ws as Necessary	СW3-WBOH	47	N	LIMA OH
	WLIO	8.1	N	LIMA OH
	WLIO	8.2		
	WOHL	35.1	N	LIMA OH
	WOHL	35.2	N	LIMA OH
	WTOL	11	N	TOLEDO OH
	WTCL	14	I	LIMA OH
	EWTN	26	•	LIMA OH
	WOSN	58		LIMA OH
	WTOL	59	• •	LIMA OH
			•	
	1			

EGAL NAME O								SYSTEM I 52
	every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
						I		

Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID
Name								5274
_	SUBSTITUTE CARRIAG	E: SPECIAL	L STATEME	NT AND PROGRAM L	OG			
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	ning that must	t be included i	in this log, see page (v) of	the general in	structions ir	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did your	r cable syster	m carry, on a substitute b	asis, any non	network tel	evision prog	ram
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No log in block 2.	o", leave the r	rest of this pa	ige blank. If your answer	is "Yes," you	must comp	lete the pro	gram
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoi "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	e of every non a distant static egulations, or ries like "mov . Bulls." m was broadd sign of the st adcast statior nadian statior nth and day w we "5/7." nes when the . Example: a	nnetwork tele on and that y r authorization vies" or "bask lcast live, ente station broadc n's location (f ns, if any, the when your sy substitute pro-	vision program ("substitu our cable system substitu ns. See page (v) of the g etball." List specific progr er "Yes." Otherwise enter sasting the substitute program the community to which t e community with which the stem carried the substitut ogram was carried by yo	uted for the pr eneral instruct ram titles, for o "No." gram. he station is li he station is li te program. U ur cable syste	ogramming tions for fur example, "I censed by lentified). se numeral m. List the	of another ther informa Love Lucy" the FCC or, Is, with the i times accur	station ation. or in nonth rately
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the li and regulation mming that yo	ons in effect d	uring the accounting per	iod; enter the	letter "P" if	the listed p	
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio nming that yc i.	ons in effect d our system w	luring the accounting per as permitted to delete un	iod; enter the ider FCC rules	letter "P" if s and regula	the listed pr ations in TUTE	ogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio nming that yc UBSTITUTE	ons in effect d our system w	luring the accounting per as permitted to delete un	iod; enter the ider FCC rules	letter "P" if s and regula N SUBSTI	the listed pr ations in TUTE	
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio mming that yo 5. UBSTITUTE 2. LIVE? 3	ons in effect d our system w PROGRAM	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if s and regula N SUBSTI	the listed prations in	ogram 7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio mming that yc 5. UBSTITUTE 2. LIVE? 3	ens in effect d our system w PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regula N SUBSTI AGE OCC 6. 1	the listed prations in TUTE URRED	ogram 7. REASON FC
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	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ens in effect d our system w PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regula N SUBSTI AGE OCC 6. 1	the listed prations in TUTE URRED	ogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the li and regulatio mming that yo UBSTITUTE 2. LIVE? 3	ens in effect d our system w PROGRAM 3. STATION'S	luring the accounting per as permitted to delete un	od; enter the der FCC rules WHE CARRI 5. MONTH	Ietter "P" if s and regula N SUBSTI AGE OCC 6. 1	the listed prations in TUTE URRED	ogram 7. REASON FC
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	OTEC COMMUNICATION COMPANY		5274
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ei all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transment (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	3,958.10
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 equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 148,958.10		
	3. Subtract line 2 from line 1		
		40 050 40	
		48,958.10	
		14,841.90	
	6. Subtract line 5 from line 4	34,116.20	
	7. Multiply line 6 by .005 (enter figure here)	\$	170.58
	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	\$	170.58
	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		
	2. Base amount under statutory romula 203,000.00		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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, 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)	170.58	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	190.58
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OTEC COMMUNICATION COMPANY	SYSTEM ID# 5274
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	12
	 system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 	13
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Telephone	
	Address (Number, street, rural route, apartment, or suite number)	
	(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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 identified as ow 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 hereir 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/William J Honigford 	system as identified mer of the cable system
	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: WILLIAM J HONIGFORD Title: GENERAL MANAGER (Title of official position held in corporation or partnership)	
	Date: 2/9/2021	

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
C COMMUNICATION COMPANY	527
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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 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 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.