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	FNT	OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
-		ansmissions by	DATE RECEIVED	AMOUNT	_
Cable Systems (Short Form) General instructions are located			1/31/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	s workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period shou nting period.	
		Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	1686
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		Haefele TV Inc			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	г)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 312 (Number, street, rural route, apartment, or suite no	umber)		
		Spencer, NY 14883-0312 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busir s already appear in space B. In line			
System	1	IDENTIFICATION OF CABLE SYSTEM:			-
	· ·	Spencer MAILING ADDRESS OF CABLE SYSTEM			
	_	Same as above			
	2	(Number, street, rural route, apartment, or suite n	imber)		
		(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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Haefele TV Inc	1
	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated commur	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	I serve as a form of system identification hereafter kr
	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 p	parks should be reported in parentheses below the
Area	identified city.	
Served	identified city.	
	CITY OR TOWN	STATE
First	SPENCER TOWN	NY
Community	SPENCER VILLAGE	NY
•	VAN ETTEN VILLAGE	NY
Add Rows as Necessary	VAN ETTEN TOWN	NY
	CAYUTA TOWN	NY
	TIOGA TOWN	NY
	BARTON TOWN	NY
	NEWFIELD TOWN	NY
	CATHARINE TOWN	NY
	CANDOR TOWN	NY
	CANDOR VILLAGE	NY
		NY
	DANBY TOWN	NY
	BALDWIN TOWN	NY

	LEGAL NAME OF OWNER OF C	FORM SA1-	TEM I						
Name	Haefele TV Inc							010	16
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable								
	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	about other services (including p	, , ,					those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble systen	n broken	
scribers and	down by categories of secondary	•						,	
Rates	each category by counting the n	•		0,0				s charged	
	separately for the particular serv					•	,	inc and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted of							e	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.	,	0			•			
	BLOCK 1						BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	000001110			0.11				
	Service to first set		1,071	19.95					
	<ul> <li>Service to additional set(s)</li> </ul>		1,471	1.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for rate								
I	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		0 (	,	
Other Than	amount of the charge and the ur	nit in which it is							
Secondary	enter only the letters "PP" in the		ho ochlo	avotom for o	ach of the	appliaghla agri	and listed		
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable service Block 2: List any services that your cable system furnished or offered during the accounting pe								
	listed in block 1 and for which a separate charge was made or established. List these other set								
	brief (two- or three-word) description and include the rate for each.								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	9.00/14.95		el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>			mercial					
	Fire protection		,	cable	annel				
	Fire protection     Burglar protection				THE REPORT				
	•Burglar protection		,	cable-add'l ch					
	•Burglar protection Installation: Residential	30 00	• Fire	protection					
	•Burglar protection	<u>30.00</u> 10.00	• Fire • Burg						
	•Burglar protection Installation: Residential • First set		• Fire • Burg Other s	protection Jar protection		30.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Burg Other s • Rec	protection Jar protection <b>ervices:</b>		30.00			
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire • Burg Other s • Rec • Disc	protection Jlar protection <b>ervices:</b> onnect		<u> </u>			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Haefele TV Inc			1
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	(1) stations carried only on a part e carriage of certain network prog	-time basis under rams [sections
Primary ransmitters: Television	substitute program basis, as Substitute Basis Stations	<ul> <li>e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.</li> <li>With respect to any distant stations ca iles, regulations, or authorizations:</li> </ul>		
	station was carried <i>only</i> on • List the station here, and a	also in space I, if the station was carried	both on a substitute basis and als	so on some other
	<b>Column 1:</b> List each station multicast stream associated	n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	rogram services such as HBO, ES	PN, etc. Identify each
	of license. For example, W	he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s	0	,
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), o rrms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	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
	WBNG DT 12-1	8	Ν	BINGHAMTON, NY
	WBNG DT 12-2	8	N-M	BINGHAMTON, NY
Rows as Necessary	WBNG DT 12-3	8	N-M	BINGHAMTON, NY
	WNBG DT 12-4	8	N-M	BINGHAMTON, NY
	WNBG DT 12-5	8	N-M	BINGHAMTON, NY
	WETM DT 18-1	23	N	ELMIRA, NY
	WETM DT 18-2	23	N-M	ELMIRA, NY
	WETM DT 18-3	23	N-M	ELMIRA, NY
	WETM DT 18-4	23	N-M	ELMIRA, NY
	WCNY DT 24-1	20	E	SYRACUSE, NY
	WCNY DT 24-2	20	E-M	SYRACUSE, NY
	WCNY DT 24-3	20	E-M	SYRACUSE, NY
	WCNY DT 24-4	20	E-M	SYRACUSE, NY
	WIVT DT 34-1	27	Ν	BINGHAMTON, NY
	WBGH DT 34-2	27	Ν	BINGHAMTON, NY
	WIVT DT 34-3	27	N-M	BINGHAMTON, NY
	WIVT DT 34-4	27	N-M	BINGHAMTON, NY
	WENY DT 36-1	35	Ν	ELMIRA, NY
	WENY DT 36-2	35	N-M	ELMIRA, NY
	WENY DT 26 2	35	N-M	ELMIRA, NY
	WENY DT 36-3			
	WENY DT 36-4	35	N-M	ELMIRA, NY
		35 7	N-M N	ELMIRA, NY BINGHAMTON, NY
	WENY DT 36-4	• · · · · · · · · · · · · · · · · · · ·		

	LEGAL NAME OF OWNER OF O	CABLE SYSTEM:			SYSTEM					
Name	Haefele TV Inc				1					
	PRIMARY TRANSMITTERS: T	ELEVISION								
G	carried by your cable system	tify every television station (including tra during the accounting period, <i>except</i> (	1) stations carried only on a par	t-time basis under						
Primary	3	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								
ransmitters:		explained in the next paragraph.								
Television		With respect to any distant stations carr	ied by your cable system on a s	ubstitute program						
		es, regulations, or authorizations: in space G—but do list it in space I (the	Special Statement and Program	n Log)—if the						
	station was carried only on a									
		so in space I, if the station was carried b concerning substitute basis stations, se								
	Column 1: List each station's	s call sign. <i>Do not</i> report origination pro	ogram services such as HBO, E	SPN, etc. Identify each						
		with a station according to its over-the-a	air designation. For example, re	port multistream						
		"WETA-2" as the same on the form. <b>Column 2:</b> Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	,	of license. For example, WRC is channel 4 in Washington, D.C.								
	<b>Column 3:</b> 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"									
	educational station, by entering	ng the letter "N" (for network), "N-M" (for	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).							
	(for independent multicast), "I	E" (for noncommercial educational), or "	"E-M" (for noncommercial educa							
	(for independent multicast), "I For the meaning of these term	E" (for noncommercial educational), or " ns, see page (iv) of the general instruct	"E-M" (for noncommercial educa ions in the paper SA1-2 form.	ational multicast).						
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location	E" (for noncommercial educational), or "	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the						
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the						
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or ' ns, see page (iv) of the general instructi of each station. For U.S. stations, list th an stations, if any, give the name of the	"E-M" (for noncommercial educa ions in the paper SA1-2 form. he community to which the static community with which the static	ational multicast). on is licensed by the on is identified.	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b>	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	"E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the static community with which the static <b>3. TYPE OF STATION</b>	ational multicast). on is licensed by the on is identified. <b>4. LOCATION OF S</b>	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> WSKG DT 46-2	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 31	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> <b>WSKG DT 46-2</b> <b>WSKG DT 46-3</b>	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b> <b>E-M</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY BINGHAMTON, NY	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> WSKG DT 46-2	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 31	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY	STATION					
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	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> WSKG DT 46-2 WSKG DT 46-3 WSKG DT 46-4	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b> <b>E-M</b> <b>E-M</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> <b>WSKG DT 46-2</b> <b>WSKG DT 46-3</b> <b>WSKG DT 46-4</b> <b>WYDC DT 48-1</b>	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b> <b>E-M</b> <b>E-M</b> <b>N</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY BINGHAMTON, NY CORNING, NY	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> <b>WSKG DT 46-2</b> <b>WSKG DT 46-3</b> <b>WSKG DT 46-4</b> <b>WYDC DT 48-1</b> <b>WJKP DT 48-2</b>	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30 30	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b> <b>E-M</b> <b>E-M</b> <b>N</b> <b>N</b> <b>N</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> WSKG DT 46-2 WSKG DT 46-3 WSKG DT 46-4 WYDC DT 48-1 WJKP DT 48-2 WYDC DT 48-3	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30 30 30 30	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b> <b>E-M</b> <b>E-M</b> <b>N</b> <b>N</b> <b>N</b> <b>N</b> -M <b>N-M</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY CORNING, NY	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> <b>WSKG DT 46-2</b> <b>WSKG DT 46-3</b> <b>WSKG DT 46-4</b> <b>WYDC DT 48-1</b> <b>WJKP DT 48-2</b> <b>WYDC DT 48-3</b> <b>WSPX DT 56-1</b>	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 30 30 30 36	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b> <b>E-M</b> <b>E-M</b> <b>N</b> <b>N</b> <b>N</b> <b>N</b> <b>N</b> <b>I</b>	ational multicast). on is licensed by the on is identified.	STATION					
	(for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location FCC. For Mexican or Canadia <b>1. CALL SIGN</b> <b>WSKG DT 46-2</b> <b>WSKG DT 46-3</b> <b>WSKG DT 46-4</b> <b>WYDC DT 48-1</b> <b>WJKP DT 48-2</b> <b>WYDC DT 48-3</b> <b>WSPX DT 56-1</b> <b>WSPX DT 56-2</b>	E" (for noncommercial educational), or ' ns, see page (iv) of the general instruct of each station. For U.S. stations, list th an stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31 31 31 31 30 30 30 30 36 36 36	"E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the static community with which the static <b>3. TYPE OF STATION</b> <b>E-M</b> <b>E-M</b> <b>E-M</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b> <b>I</b>	ational multicast). on is licensed by the on is identified. 4. LOCATION OF S BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY CORNING, NY SYRACUSE, NY SYRACUSE, NY	STATION					

EGAL NAME O								SYSTEM   16
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal 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 this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se wed by the FC	) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions 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	
		5,5		S. LE SIGN		5,0		
IA								
		<u> </u>						

	od: 2023/2						FORM	I SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Haefele TV Inc							1686
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	<i>ision program</i> , broadcast by	/ a distant sta	tion, that v	our cable svs	tem carried on a
_	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions i	in the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogram 20g	-		reat of this no	an blank. If your analysis	- "Vee " veu r	aust same		
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer is	s res, your	nust com	plete the prog	gram
	log in block 2.		A M C					
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviations	s wherever n	ossible if	their meaning	n is
	clear. If you need more spa					5551510, 11		g 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am uties, for e	example,	I Love Lucy	0I
	_		idcast live, ent	er "Yes." Otherwise enter '	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute progr	ram.			
			```	the community to which th		,	the FCC or,	in
	the case of Mexican or Car			stem carried the substitute			ale with the n	nonth
	first. Example: for May 7 gi		when your sy		s program. O			nontin
	, , , , ,		e substitute pr	ogram was carried by you	r cable syste	n. List the	e times accura	ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00–6:30 p.m."							ine el
	to delete under FCC rules			n was substituted for programing the accounting period				
	was substituted for program							-9.5
	effect on October 19, 1976					-		
	S	UBSTITUT	E PROGRAM	1		N SUBST AGE OCO		7. REASON FOR
	S	2. LIVE?			5. MONTH	AGE OCO 6.	CURRED TIMES	7. REASON FOR DELETION
		1		4. STATION'S LOCATION	CARRI	AGE OCO	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	

Accounting Period:	2023/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Haefele TV Inc	1686
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmediate (and the amount you pay is a 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
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ </li> <li>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.</li> </ul>	\$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 t 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 \$137,1	00)
	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       \$ 362,193.34         2. Base amount under statutory formula       \$ 263,800.00	
	2. Base amount under statutory formula         \$         263,800.00           3. Subtract line 2 from line 1         \$         98,393.34	
	4. Multiply line 3 by .01	983.93
	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, and 6	<u> </u>
		÷ 2,502.55
	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)	2,302.93
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	\$ 2,322.93
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> 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:	2023/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Haefele TV Inc	SYSTEM ID# 1686
<b>M</b> 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	34
	on which the cable system carried television broadcast stations and nonbroadcast services	81
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Lee Haefele Telephone 607-	589-6235
	Address 24 E Tioga St PO Box 312 (Number, street, rural route, apartment, or suite number) Spencer, NY 14883 (City, town, state, zip)	
	Email htv@htva.net Fax (optional) 607-589-7211	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.</li> <li>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)]</li> </ul>	
	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: Lee Haefele Title: President (Title of official position held in corporation or partnership)	
	Date: 1/31/2024	

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.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
fele TV Inc	1686
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	
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 Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 \$	
(interest charge)	—
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
contact the Licenshing Division at (202) 707-0150 of licenshing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
<ul> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.</li> <li>Owner</li> <li>Address</li> </ul>	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	

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