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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/16/2017	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20171 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM HAEFELE TV INC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 312
	(Number, street, rural route, apartment, or suite number) SPENCER, NY 14883-0312 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM: ENFIELD
	MAILING ADDRESS OF CABLE SYSTEM:
	2 SAME AS ABOVE (Number, street, rural route, apartment, or surfe number)
	(City, town, state, zip code)

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID							
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home city.	parks should be reported in parentheses below the identified							
	CITY OR TOWN	STATE							
First Community	ENFIELD TOWN HECTOR TOWN	NY NY							
•	CATHARINE TOWN	NY							
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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2017/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **HAEFELE TV INC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES _ 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 pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Transmission Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged Rates separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system, Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: 503 24.95 · Service to first set 338 1.00 Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: 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. BLOCK 2 BLOCK 1 CATEGORY OF SERVICE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE RATE RATE **Continuing Services:** Installation: Non-residential 9.00 / 14.95 · Motel, hotel · Pav cable · Pay cable-add'l channel Commercial Fire protection · Pav cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 30.00 Burglar protection · Additional set(s) 10.00 Other services: · FM radio (if separate rate) Reconnect 30.00

 Disconnect Outlet relocation

Move to new address

10.00 30.00

Converter

Accounting Period: 2017/1 FORM SALDE PAGE 3 SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name HAEFELE TV INC PRIMARY TRANSMITTERS: TELEVISION In Generat: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under G 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 Transmitters: Yelevision 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 not list the station here in space 6—but do list it in space t (the Special Statement and Program Log)—if the station was carried only on a substitute basis. station was carried only 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. Do not 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 community Column 2: Give the challet nationer the Column 2: Give the challet national discusses the 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), or 'E-M' (for noncommercial), or 'E-M' (for noncommer 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 4, LOCATION OF STATION 3. TYPE OF STATION WSTM DT 3-1 SYRACUSE, NY 24 Ν WSTQ DT 3-2 SYRACUSE, NY 24 I-M WSTM DT 3-3 24 Ι-M SYRACUSE, NY WSKG DT 46-1 42 BINGHAMTON, NY WSKG DT 46-2 42 E-M BINGHAMTON, NY WSKG DT 46-3 42 E-M BINGHAMTON, NY WCNY DT 24-1 25 Ε SYRACUSE, NY 25 WCNY DT 24-2 E-M SYRACUSE, NY WCNY DT 24-3 25 E-M SYRACUSE, NY WCNY DT 24-4 25 EΜ SYRACUSE, NY WSYR DT 9-1 17 Ν SYRACUSE, NY WSYR DT 9-2 17 i-M SYRACUSE, NY WSYR DT 9-3 17 I-M SYRACUSE, NY WTVH DT 5-1 47 N SYRACUSE, NY WTVH DT 5-2 47 I-M SYRACUSE, NY WENY DT 36-1 36 ELMIRA, NY Ν WENY DT 36-2 36 N-M ELMIRA, NY WENY DT 36-3 36 N-M ELMIRA, NY WSYT DT 68-1 SYRACUSE, NY 19 WSYT DT 68-2 19 I-M SYRACUSE, NY WNYS DT 43-1 44 SYRACUSE, NY WNYS DT 43-2 44 I-M SYRACUSE, NY WYDC 48-1 48 I-M CORNING, NY WYDC DT 48-3 48 I-M CORNING, NY WJKP DT 48-2 48 I-M CORNING, NY WSPX DT 56-1 15 SYRACUSE, NY

WSPX DT 56-2

WSPX DT 56-3

15

15

I-M

I-M

SYRACUSE, NY

SYRACUSE, NY

FORM SA1-2E. PAGE 4. Accounting Period: 2017/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:

HAEFELE TV INC

SYSTEM ID#

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D_	LOCATION OF STATION
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Accounting Perio	nd: 2017/1	•••••					EODM 9	SA1-2E. PAGE 5.	
Accounting reno	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:		***************************************			SYSTEM ID#	
Name	HAEFELE TV INC							0	
	SUBSTITUTE CARRIAG	E: SPECIA	N STATEMEN	IT AND PROGRAM LO	3				
1	In General: In space I, iden					n. that vour	cable system	carried on a	
	substitute basis during the	accounting p	eriod, under spe	ecific present and former F	CC rules, regula	ations, or aut	thorizations. F	or a further	
Substitute	explanation of the programm			[54/5/455]	(2) PARKE	uctions in the	e paper SA1-2	? form.	
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE . During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and	",		ur cable systen	n carry, on a substitute ba	isis, any nonne	twork televi			
Program Log	broadcast by a distant sta				44. Z. B		YES	NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you m	ust complet	e the progran	n	
	log in block 2.  2. LOG OF SUBSTITUTI	E PROGRA	MS	· · · · · · · · · · · · · · · · · · ·					
	In General: List each subs	stitute progr	am on a separ		s wherever pos	ssible, if the	ir meaning is		
	clear. If you need more spa	ace, please	add additional	rows to the tables. vision program ("substitut	e program") the	et during th	e accounting		
	period, was broadcast by a								
	under certain FCC rules, re							١.	
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	etball." List specific progr	am titles, for ex	ample, "I Lo	ove Lucy" or		
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter					
				asting the substitute prog			- FCC as in		
	the case of Mexican or Ca			he community to which the community with which the			e PCC or, in		
	Column 5: Give the mo	nth and day		stem carried the substitut			with the mon	th	
	first. Example: for May 7 gi		o substituto pre	aron was seried by you	r aabla ayatam	Liet the tim	oo oouratal	.,	
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately								
	to the nearest five minutes	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."							
	stated as "6:00-6:30 p.m."	•	. •	• •	·	·			
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	listed progran	n was substituted for prog	ramming that y	our system			
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	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976  1. TITLE OF PROGRAM	ter "R" if the and regulate mming that shows that shows that shows the shows	e listed programions in effect dyour system was system was seen as STATION'S CALL SIGN	n was substituted for proguring the accounting periods permitted to delete und  4. STATION'S LOCATION	ramming that yod; enter the lefter FCC rules at WHEN SU  5. MONTH AND DAY	vour system tter "P" if the and regulati  BSTITUTE OCCURRE 6, 1 FROM -	e listed progrons in  CARRIAGE D FIMES  TO	7. REASON FOR DELETION	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976  1. TITLE OF PROGRAM	ter "R" if the and regulate mming that shows that shows that shows the shows	e listed programions in effect dyour system was system was seen as STATION'S CALL SIGN	n was substituted for proguring the accounting periods permitted to delete und	ramming that yod; enter the lefter FCC rules at WHEN SU  5. MONTH AND DAY	vour system tter "P" if the and regulati  BSTITUTE OCCURRE 6, 1 FROM -	e listed progrons in  CARRIAGE D FIMES  TO	7. REASON FOR DELETION	

	2017/1  LEGAL NAME OF OWNER OF CABLE SYSTEM:		1-2E. PAGE 'STEM II
Name	HAEFELE TV INC	0.	012011
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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)	ission service	
	during the accounting period	\$ 77 (Amount of gros	,327.10 is receipts)
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 \$200 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.	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 that you must pay for this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		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 \$137,1	00)	
	1. Base amount under statutory formula		
	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
	o, interest charge. Either the annount from sine 4, space Q, page 0		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)	-
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		<del></del>
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HAEFELE TV INC	SYSTEM ID# 0
<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.	
	Enter the total number of channels on which the cable     system carried television broadcast stations	28
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	81
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 LEE D HAEFELE Telephone 6	07-589-6235
	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 (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • 1, the undersigned, hereby certify that (Check one, but only one, 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; or  (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  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or 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)]  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 D HAEFELE  Title: PRESIDENT  (Title of official position held in corporation or partnership)	
	Date: 8 1 6 1 7 22 22 22 22 22 22 22 22 22 22 22 22 2	

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.

counting Period: 2017/1		FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
AEFELE TV INC		0
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence:  "In determining the total number of subscribers and the gi service of providing secondary transmissions of primary to scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any a	n 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- ng secondary transmissions pursuant to section 119."  e note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?		
X NO		
YES. Enter the total here and list the satellite carrier(s) below	v	
Name Mailing Address	Name Malling Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments su For an explanation of interest assessment, see page (viii) of the	·	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 her	re ·	
	x days	
Line 3 Multiply line 2 by the number of days late and enter the s		
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 bl		
* To view the interest rate chart click on www.copyright.gov/lic contact the Licensing Division at (202) 707-8150 or licensin	· · · · · · · · · · · · · · · · · · ·	
** This is the decimal equivalent of 1/365, which is the interes		
NOTE: If you are filing this worksheet covering a statement of ac	, and the second	
list below the owner, address, first community served, ID number		
Owner	· · ·	
Address		
ID number		
First community served		
Accounting period		

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

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