

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.

**SA3E
 Long Form**

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

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
 Cable Systems (Long Form)*

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
08/28/20	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2020/1																														
B Owner	<p>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. 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.</p> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 062897																														
	<p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon Pennsylvania LLC</p> <p style="text-align: right;">06289720201 062897 2020/1</p> <p>22001 Loudoun County Parkway Ashburn, VA 20147</p>																														
C System	<p>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.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2">IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Pittsburgh, PA) VHO 11</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2"> MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafra Way <small>(Number, street, rural route, apartment, or suite number)</small> Pittsburgh, PA 15201 <small>(City, town, state, zip code)</small> </td> </tr> </table>			1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Pittsburgh, PA) VHO 11		2	MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafra Way <small>(Number, street, rural route, apartment, or suite number)</small> Pittsburgh, PA 15201 <small>(City, town, state, zip code)</small>																							
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D Area Served First Community Sample	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1"> <tr> <td>CITY OR TOWN</td> <td colspan="3">STATE</td> </tr> <tr> <td>ALEPPO TWP</td> <td colspan="3">PA</td> </tr> <tr> <td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td> </tr> <tr> <td>CITY OR TOWN (SAMPLE)</td> <td>STATE</td> <td>CH LINE UP</td> <td>SUB GRP#</td> </tr> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </table>			CITY OR TOWN	STATE			ALEPPO TWP	PA			Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																														
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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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC			SYSTEM ID# 062897	D Area Served
<p>Instructions: List each separate community served by the cable system. A “community” is the same as a “community unit” as defined in FCC rules: “a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete 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 as the “first community.” Please use it as the first community on all future filings.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up “A” in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).</p> <p>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.</p>				
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
ALEPPO TWP	PA	A		<p style="text-align: center;">First Community</p> <p>See instructions for additional information on alphabetization.</p> <p>Add rows as necessary.</p>
ASPINWALL BORO	PA	A		
AVALON BORO	PA	A		
BALDWIN BORO	PA	A		
BALDWIN TWP	PA	A		
BELL ACRES BORO	PA	A		
BELLEVUE BORO	PA	A		
BEN AVON BORO	PA	A		
BEN AVON HEIGHTS BORO	PA	A		
BETHEL PARK BORO	PA	A		
BLAWNOX BORO	PA	A		
BOROUGH OF GLEN OSBORNE	PA	A		
BRADDOCK BORO	PA	A		
BRADDOCK HILLS BORO	PA	A		
BRENTWOOD BORO	PA	A		
BRIDGEVILLE BORO	PA	A		
CARNEGIE BORO	PA	A		
CASTLE SHANNON BORO	PA	A		
CHALFANT BORO	PA	A		
CHURCHILL BORO	PA	A		
COLLIER TWP	PA	A		
CORAOPOLIS BORO	PA	A		
CRAFTON BORO	PA	A		
CRESCENT TWP	PA	A		
DORMONT BORO	PA	A		
EAST MCKEESPORT BORO	PA	A		
EAST PITTSBURGH BORO	PA	A		
EDGEWOOD BORO	PA	A		
EDGEWORTH BORO	PA	A		
ELIZABETH TWP	PA	A		
EMSWORTH BORO	PA	A		
ETNA BORO	PA	A		
FINDLAY TWP	PA	A		
FOREST HILLS BORO	PA	A		
FOX CHAPEL BORO	PA	A		
FRANKLIN PARK BORO	PA	A		
GLENFIELD BORO	PA	A		
GREENTREE BORO	PA	A		
HAMPTON TWP	PA	A		

HAYSVILLE BORO	PA	A
HEIDELBURG BORO	PA	A
HOMESTEAD BORO	PA	A
INDIANA TWP	PA	A
INGRAM BORO	PA	A
JEFFERSON HILLS BORO	PA	A
KENNEDY TWP	PA	A
KILBUCK TWP	PA	A
LEET TWP	PA	A
LEETSDALE BORO	PA	A
MCCANDLESS TWP	PA	A
MCKEES ROCKS BORO	PA	A
MILLVALE BORO	PA	A
MONROEVILLE BORO	PA	A
MOON TWP	PA	A
MT LEBANON TWP	PA	A
MUNHALL BORO	PA	A
NEVILLE TWP	PA	A
NORTH BRADDOCK BORO	PA	A
NORTH FAYETTE TWP	PA	A
NORTH STRABANE TWP	PA	A
NORTH VERSAILLES TWP	PA	A
NOTTINGHAM TWP	PA	A
OAKDALE BORO	PA	A
OHARA TWP	PA	A
OHIO TWP	PA	A
PENN HILLS TWP	PA	A
PENNSBURY VILLAGE BORO	PA	A
PETERS TWP	PA	A
PITCARIN BORO	PA	A
PITTSBURGH CITY	PA	A
PLEASANT HILLS BORO	PA	A
PLUM BORO	PA	A
RANKIN BORO	PA	A
RESERVE TWP	PA	A
ROBINSON TWP	PA	A
ROSS TWP	PA	A
ROSSLYN FARMS BORO	PA	A
SCOTT TWP	PA	A
SEWICKLEY BORO	PA	A
SEWICKLEY HEIGHTS BORO	PA	A
SEWICKLEY HILLS BORO	PA	A
SHALER TWP	PA	A
SHARPSBURG BORO	PA	A
SOUTH FAYETTE TWP	PA	A
SOUTH PARK TWP	PA	A
STOWE TWP	PA	A
SWISSVALE BORO	PA	A
THORNBURG BORO	PA	A
TURTLE CREEK BORO	PA	A
UPPER ST CLAIR TWP	PA	A
WALL BORO	PA	A
WEST DEER TWP	PA	A
WEST HOMESTEAD BORO	PA	A
WEST VIEW BORO	PA	A
WHITAKER BORO	PA	A
WHITE OAK BORO	PA	A
WHITEHALL BORO	PA	A

WILKINS TWP	PA	A	
WILKINSBURG BORO	PA	A	
WILMERDING BORO	PA	A	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062897
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E Secondary Transmission Service: Subscribers and Rates	<p>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 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). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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 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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	137,982	\$ 25.00			
Motel, hotel					
Commercial	1,948	\$ 35.00			
Converter • Residential • Non-residential					

F Services Other Than Secondary Transmissions: Rates	<p>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 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 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	\$ 15.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection		See Tab Attachment B	
Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	\$ 99.00 \$ 60.00	Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$ 69.99		

Attachment B - Section F, Other Services

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	90.00	N/A
Fios TV Mundo	70.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
HBO	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99

Attachment B - Section F, Other Services

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	7.99	8.00
Set-Top Box First two boxes	12.00	11.99
Set-Top Box: Boxes 3-5	6.00	11.99
Set-Top Box: 6+ boxes	No charge	11.99
Fios Quantum Gateway Router	12.00	9.99
Fios Home Wireless Router	15.00	N/A
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Service	N/A	15.00
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	69.99	69.99
Existing Outlet Connection Subsequent	35.00	34.99
Service Charge	up to 100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	15.00	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	50.00	N/A
Set-Top Box Retrieval Fee	100.00	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	100.00	N/A
Seasonal Service Suspension	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV One Voice Remote	24.99	N/A
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Rout	124.00	100.00
Unreturned/Damaged Fios Home Router	175.00	N/A
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062897	Name
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PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried 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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station

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 educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G
Primary Transmitters: Television

CHANNEL LINE-UP A

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	2	N	No		Pittsburgh
WPCW	19	I	No		Jeannette
WTAE	4	N	No		Pittsburgh
WPCB	40	I	No		Greensburg
WPGH	53	I	No		Pittsburgh
WPNT	22	I	No		Pittsburgh
WPXI	11	N	No		Pittsburgh
WQED	13	E	No		Pittsburgh
WQED PBS Kids	13	E-M	No		Pittsburgh
WINP	16	I	No		Pittsburgh
KDKA-simulcast	25	N	No		Pittsburgh
WPCW-simulcast	11	I	No		Jeannette
WTAE-simulcast	51	N	No		Pittsburgh
WPCB-simulcast	40	I	No		Greensburg
WPGH-simulcast	43	I	No		Pittsburgh
WPNT-simulcast	22	I	No		Pittsburgh
WPXI-simulcast	48	N	No		Pittsburgh
WQED-simulcast	38	E	No		Pittsburgh


See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062897	Name			
PRIMARY TRANSMITTERS: TELEVISION					
<p>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph</p> <p>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:</p> <ul style="list-style-type: none"> • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried 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 located in the paper SA3 form. <p>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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p>Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station</p> <p>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 educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form</p> <p>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form</p> <p>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity</p> <p>For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form</p> <p>Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified</p> <p>Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p>			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">G</div> Primary Transmitters: Television		
CHANNEL LINE-UP A					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WINP-simulcast	16	I	No		Pittsburgh
WTAE Cozi TV	51	N-M	No		Pittsburgh
WPXI Me TV	48	N-M	No		Pittsburgh
WPGH Antenna	43	I-M	No		Pittsburgh
WPXI LAFF	48	N-M	No		Pittsburgh
WPNT TBD TV	22	I-M	No		Pittsburgh
WPNT CometTV	22	I-M	No		Pittsburgh
WPNT Stadium	22	I-M	No		Pittsburgh
WPGH Charge TV	43	I-M	No		Pittsburgh
WQED World	38	E-M	No		Pittsburgh
WQED Create	38	E-M	No		Pittsburgh
WQED Showcase	38	E-M	No		Pittsburgh
KDKA StartTV	25	N-M	No		Pittsburgh
WINP qubo	16	I-M	No		Pittsburgh
WINP ION Plus	16	I-M	No		Pittsburgh
WPCP Pittsburgh	40	I-M	No		Greensburg
KDKA Dabl	2	N-M	No		Pittsburgh

See instructions for additional information on alphabetization.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062897	Name												
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts												
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">37,657,004.75</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">(Amount of gross receipts)</td> </tr> </table>	\$	37,657,004.75	(Amount of gross receipts)									
\$	37,657,004.75													
(Amount of gross receipts)														
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.		L Copyright Royalty Fee												
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">37,657,004.75</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px; text-align: right;"> <table style="width: 100%;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">400,670.53</td> </tr> </table> </td> </tr> </table>	\$	37,657,004.75	<table style="width: 100%;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">400,670.53</td> </tr> </table>		\$	400,670.53						
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\$	400,670.53													
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.													
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">-</td> </tr> <tr> <td style="text-align: right; padding: 2px;">-</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px; text-align: right;"> <table style="width: 100%;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">-</td> </tr> </table> </td> </tr> </table>	\$	-	-	0.00	<table style="width: 100%;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">-</td> </tr> </table>		\$	-				
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\$	-													
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) Line 4. FILING FEE TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">400,670.53</td> </tr> <tr> <td style="text-align: right; padding: 2px;">-</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="text-align: right; padding: 2px;">-</td> <td style="text-align: right; padding: 2px;">0.00</td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">725.00</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px; text-align: right;"> <table style="width: 100%;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">401,395.53</td> </tr> </table> </td> </tr> </table>	\$	400,670.53	-	0.00	-	0.00	\$	725.00	<table style="width: 100%;"> <tr> <td style="text-align: right; padding: 2px;">\$</td> <td style="text-align: right; padding: 2px;">401,395.53</td> </tr> </table>		\$	401,395.53
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Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062897
M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 35</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 530</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name Patrick Merrick Telephone 703-694-5088</p> <p>Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)</p> <p>Ashburn, VA 20147 (City, town, state, zip)</p> <p>Email patrick.merrick@verizon.com Fax (optional) _____</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</p> <p><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</p> <ul style="list-style-type: none"> 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)] <p> X /s/ Veronica C. Glennon</p> <p>Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.</p> <p>Typed or printed name: Veronica C. Glennon</p> <p>Title: Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)</p> <p>Date: August 28, 2020</p>	

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 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 a completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Pennsylvania LLC	SYSTEM ID# 062897	Name
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 in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
INTEREST ASSESSMENTS 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 in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) _____ \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* 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@loc.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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, accounting period, and ID number as given in the original filing.</p> Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		Q Interest Assessment

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