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

#### 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		

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:				
Accounting Period	2020/1				
B	Instructions:     Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.     List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Verizon Pennsylvania LLC	ss of the cable syster on the last day of to	em. he accounting period should so		063009
	•			063009	920201
	22001 Loudoun County Parkway Ashburn, VA 20147				
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•			
System	1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Harrisburg, PA) VHO 14  MAILING ADDRESS OF CABLE SYSTEM: 210 Pine Street (Number, street, rural route, apartment, or suite number) Harrisburg, PA 17101 (City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	munity served below and r	elist on paç	ge 1b
Area	with all communities.	1			
Served	CITY OR TOWN	STATE			
First Community	CAMP HILL BORO	PA			
Community	Below is a sample for reporting communities if you report multiple ch		·		000"
	CITY OR TOWN (SAMPLE)  Alda	STATE MD	CH LINE UP  A		GRP#
Sample	Alliance	MD	В		2
	Gering	MD	В		3

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.

**ACCOUNTING PERIOD: 2020/1** FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 063009 Verizon Pennsylvania LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 frst community that you list will serve as a form Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. 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). 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. CH LINE UP CITY OR TOWN STATE SUB GRP# PA **CAMP HILL BORO** Α First **CARROLL TWP** PA Α Community **CONEWAGO TWP** PA Α **DERRY TWP** PA Α **DILLSBURG BORO** PA Α **EAST PENNSBORO TWP** PA See instructions for **FAIRVIEW TWP** PA additional information on alphabetization. **HAMPDEN TWP** PA HIGHSPIRE BORO PA Α **HUMMELSTOWN BORO** PA Α **LEMOYNE BORO** PA Α Add rows as necessary. LONDONDERRY TWP DAUPHIN Α PA **LOWER ALLEN TWP** PA Α LOWER PAXTON TWP PA Α **LOWER SWATARA TWP** PA Α MECHANICSBURG BORO PA Α MIDDLESEX TWP PA Α PA MIDDLETOWN BORO Α MONAGHAN TWP PA Α MONROE TWP PA Α **NEW CUMBERLAND BORO** PA Α NORTH LONDONDERRY TWP PA Α **PALMYRA BORO** PA **PAXTANG BORO** PA PENBROOK BORO PA Α ROYALTON BORO PA Α SHIREMANSTOWN BORO PA Α PA **SILVER SPRING TWP** SOUTH HANOVER TWP PA Α SOUTH LONDONDERRY TWP PA Α PA STEELTON BORO Α SUSQUEHANNA TWP PA **SWATARA TWP** PA Α **UPPER ALLEN TWP** PA Α **WEST HANOVER TWP** PA Α PA WORMLEYSBURG BORO Α

	_		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### Verizon Pennsylvania LLC

SYSTEM ID# 063009

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### 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.

BLOCK 1					BLOCK 2			
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
<ul> <li>Service to first set</li> </ul>	42,817	\$	25.00					
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial	512	\$	35.00					
Converter								
Residential								
Non-residential								
		<b>†</b>		1 P				

# F

#### Services Other Than Secondary Transmissions: Rates

#### 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.

	BLOCK 2				
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:			Installation: Non-residential		
Pay cable	\$	15.00	Motel, hotel		See Tab Attachment B
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial		
Fire protection			• Pay cable		
Burglar protection			Pay cable-add'l channel		
Installation: Residential			Fire protection		
First set	\$	99.00	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>	\$	60.00	Other services:		
• FM radio (if separate rate)			Reconnect		
Converter			Disconnect		
			Outlet relocation	\$ 69.99	
			Move to new address		

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
НВО	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

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 Suspenstion	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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063009 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 ε **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 th∉ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WHP 21 Ν No Harrisburg WITF Harrisburg 33 Ε No See instructions for additional information WPMT 43 No York ı on alphabetization. **WGAL** 8 Ν No Lancaster 27 Ν Harrisburg WHTM No WHP CW 21 No I Harrisburg **WLYH** 49 No I Red Lion WHP My Network 21 I No Harrisburg W07DP 7 I No Harrisburg WHP-simulcast 4 Ν No Harrisburg Harrisburg WITF-simulcast 36 Ε No WPMT-simulcast 23 No York ı WGAL-simulcast 58 Ν No Lancaster WHTM-simulcast 10 Ν No Harrisburg **WLYH-simulcast** 49 I No Red Lion WHP CW-simulca 21 I No Harrisburg **WGAL MeTV** 8 N-M No Lancaster WHTM getTV 10 N-M No Harrisburg

	LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	<u>!</u>
	Verizon Pennsy	/Ivania LLC	;			063009	Name
PF	RIMARY TRANSMITTE	ERS: TELEVISI	ON				
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]							
	ıbstitute program bas	sis, as explaine	ed in the next	paragraph		and (2) certain stations carried on a	Primary Transmitters:
			-	•	is carried by your	cable system on a substitute progran	Television
	asis under specifc FC Do not list the station	, 0	,		he Special Stater	nent and Program Log)—if the	
	station was carried				·	3 3/	
٠١		formation con				titute basis and also on some othe of the general instructions located	
			-			es such as HBO, ESPN, etc. Identify	
ca				•	•	ation. For example, report multi ch stream separately; for example	
l.,				•		ation for broadcasting over-the-air ir	
	s community of licens n which your cable sy	•		nannel 4 in Was	hington, D.C. Thi	s may be different from the channe	
ec	Column 3: Indicate ducational station, by	in each case entering the le	whether the setter "N" (for r	network), "N-M"	(for network mult	dependent station, or a noncommercia icast), "I" (for independent), "I-M	
	or independent multion or the meaning of the					commercial educational multicast) the paper SA3 form	
`						es". If not, enter "No". For an ex	
pl	anation of local servi					ne paper SA3 form , stating the basis on which you	
ca	•			•	•	ntering "LAC" if your cable syster	
	arried the distant stat	ion on a part-ti	me basis bed	ause of lack of	activated channe	I capacity	
of						ty payment because it is the subjec ystem or an association representin	
	-					ary transmitter, enter the designa	
	٠, ,			•	•	other basis, enter "O." For a furthe	
ex						ted in the paper SA3 form ty to which the station is licensed by the	
F						th which the station is identified	
N	ote: If you are utilizir	ng multiple cha	nnel line-ups	, use a separate	e space G for eac	h channel line-up.	
			CHANN	EL LINE-UP	Α		
1.	CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
	SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
		NUMBER	STATION		(If Distant)		
W	/PMT Antenna T	23	I-M	No		York	
W	/ITF PBS Kids	33	E-M	No		Harrisburg	See instructions for
W	/XBU CometTV	15	I-M	No		Lancaster	additional information
							on alphabetization.
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							"
			1				

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063009 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: RADIO Н 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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

7 67 (11) 67 (62.17) (62.6.						7.0000111110	1 2111001 2020, 2
Verizon Pennsylvania		TEM:			S	063009	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOC	<u> </u>			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	T CONCER	NING SUBSI	ITUTE CARRIAGE				Carriage:
During the accounting per				is, any nonn	etwork television prograr	n	Special Statement and
broadcast by a distant sta	tion?				Yes	ХNо	Program Log
Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
log in block 2.  2. LOG OF SUBSTITUTE	- PROGRA	MS					
In General: List each subsiclear. If you need more spaced with Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant stategulations, contion. Do not be distant stategulations, contion. Do not be distant stategulations and day ove "5/7." Les when the Example: a ler "R" if the land regulation of gramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: dcast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute is. See page (vi) of the gercategories like "movies", o 76ers vs. Bulls." or "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your lied by a system from 6:01:	orogram) that ed for the pro neral instructi r "basketball" No." am. station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accounting gramming of another state ons located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the more numerals, with the more 28:30 p.m. should be your system was require etter "P" if the listed pro	tion nth ly	
9	I IBSTITI IT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION	
					_		
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063009 Verizon Pennsylvania LLC PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation 'app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS **FROM** TO DATE FROM TO DATE

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#					
Ver	izon Pennsylvania LLC		063009	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle 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.  \$ 11,524,950.49								
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		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.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\bf k}$ 3 below.	entered on lin	e 1 of					
	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be er blow.	ntered on line	2 in block					
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld be entered	on line					
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 perce	ent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	11,524,950.49					
	Enter the result here. This is your minimum fee.	\$	122,625.47					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and co	n 4, you must	check					
Block 3	Line 1. <b>BASE RATE FEE</b> : 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	\$	<u>-</u>					
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00					
	Line 3. Add lines 1 and 2 and enter here	\$	-					
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	\$	122,625.47	Cable systems				
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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		0.00	submitting additional				
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	\$	725.00	additional fees.  Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	123,350.47	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	ee page (i) of	the					

ACCOUNTING PERIOD: 2020/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC  063	IID#
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Patrick Merrick Telephone 703-694-5088	
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)	
	Ashburn, VA 20147 (City, town, state, zip)	
	Email patrick.merrick@verizon.com Fax (optional)	=
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  • I, 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 identifed 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 as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system 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)]	
	X /s/ Veronica C. Glennon	
	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.	
	Typed or printed name: Veronica C. Glennon	
	Title: Assistant Secretary, Verizon Pennsylvania LLC  (Title of official position held in corporation or partnership)	
	Date: August 28, 2020	

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 the 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 telephon 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 the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of land.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Verizon Pennsylvania LLC	063009	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syst scribers and amounts collected from subscribers receiving secondary transmissions pur	system for the basic em shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the gene paper SA3 form.	eral instructions in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for semade by satellite carriers to satellite dish owners?	econdary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late parties of the paper of the pa		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays  x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For f contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** 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 please list below the owner, address, first community served, accounting period, and ID numbe filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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