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						
08/25/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2020/1								
Period									
Bowner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the busing 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 if this is the system's first filing. If not, enter the system's LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM MASSILLON CABLE TV INC	ness of the cable syst ner on the last day of a ccounting perioa	em the accounting period should s						
				7758 2020/1					
				7700 2020/1					
	PO BOX 1000								
	MASSILLON OH 44648-1000								
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busines	ss and operation of the syst	em unless these					
С	names already appear in space B. In line 2, give the mailing address								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(values), sacci, islandad, aparticul, si calcinament								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identi	fy only the frst comr	munity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	MASSILLON STARK COUNTY	ОН							
Community	Below is a sample for reporting communities if you report multiple of		·						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alla	MD	A	1					
	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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 7758 **MASSILLON CABLE TV INC** 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 identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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. CITY OR TOWN STATE CH LINE UP SUB GRP# **MASSILLON** STARK COUNTY OH **First NAVARRE** STARK COUNTY OH Community **CANAL FULTON** STARK COUNTY OH LAWRENCE TWP STARK COUNTY OH **BREWSTER** STARK COUNTY OH **PERRY TWP** STARK COUNTY OH See instructions for **BETHLEHEM TWP** STARK COUNTY OH additional information on alphabetization. SUGAR CREEK TWP STARK COUNTY OH **CITY OF GREEN SUMMIT COUNTY** OH OH **BAUGHMAN TWP WAYNE COUNTY PAINT TWP** WAYNE COUNTY OH Add rows as necessary. SUGAR CREEK TWP WAYNE COUNTY OH JACKSON TWP STARK COUNTY OH **TUSCARAWAS TWP** STARK COUNTY OH **NEW FRANKLIN SUMMIT COUNTY** OH **SALT CREEK TWP** HOLMES COUNTY OH **WAYNE TWP TUSCARAWAS COUNTY** OH **FRANKLIN TWP TUSCARAWAS COUNTY** OH **PIKE TWP** STARK COUNTY OH **PAINT TWP HOLMES COUNTY** ОН

Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting		2020/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)								
Period											

	INSTR	UCTIONS:	1					
<b>B</b> Owner	Give corpo In line If ther a sing	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full wrate title of the subsidiary, not that of the parent corporation. 2. List any other names under which the owner conducts the business of the cable system. The ware different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DAT					
	-	MASSILLON CABLE TV INC						
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):						
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO BOX 1000 Number, street, rural route, apartment, or suite number) MASSILLON OH 44648-1000 (City, town, state, zap)							
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	1					
С	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:						
		MAILING ADDRESS OF CABLE SYSTEM:	1					
	2	(Number, street, rural route, apartment, or suite number)						
		(City, lown, state, 2p code)						

	2	(Number, street, rural route, apartment,	or suite number)				
		(City, town, state, zip code)					
_	L	BLO	CK 1		: -		
E			NO. OF				
		CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Secondary	Resi	dential:	40.005	10.75			
Transmission		Service to first set	18,086	40.75			
Service: Sub- scribers and		Service to additional set(s)					
Rates	Moto	FM radio (if separate rate)  I. hotel					
Rates		mercial					
		verter					
		Residential					
		Non-residential					
					='		n
				BLOCK 1		T	
F		GORY OF SERVICE	RATE	CATEGORY OF		RATE	
г	Cont	inuing Services:	45.00	Installation: No			
Services		Pay cable     Pay cable—add'l channel	15.00 68.75		Motel, hotel     Commercial		•
Other Than		Fire protection	68.75		Pav cable		•
Secondary		Burglar protection			Pay cable-add'l channel		
Transmissions:	Insta	Illation: Residential			Fire protection		
Rates		• First set			Burglar protection		
		· Additional set(s)		Other services	:		
		• FM radio (if separate rate)			Reconnect		
		Converter			Disconnect		
					Outlet relocation		
					Move to new address		
	2. E	Enter the total number of chain ystem carried television broad Enter the total number of action in which the cable system car	dcast stations				9
		nd nonbroadcast services		idodot otationo			94
	ai	ilu ilolibioaucast services					
N Individual to Be Contacted		DIVIDUAL TO BE CONTACT can contact about this staten	nent of account.)				
for Further		Name	KATHERINE	GESSNER		Telephone	330-833-5509
Information		Address	944 CABLE	T NIM DO	BOV 4000		
		Address	814 CABLE (		oute, apartment, or suite r	number)	
			MASSILLON				
		Email (optional)				Fax (optional)	
O Certifcation	Signa	TIFICATION (This statement ature Space O – this form will ature by typing "/s/" followed t	I be submitted with	an electronic "	/s/" signature (e.g., /s/J	lohn Smith). Do not for	lations.) get to enter an electronic
				Typed or prin	nted name: KAT	HERINE GESSNER	3
				Title:	PRESIDENT of official position held in c	orporation or partnership)	
				Date:	August 24, 2020		

U.S. Copyright Office

\$

ОК

## **Subgroup Gross Receipts Total**

\$ 4,224,663.84

Subgroup		Subgroup/Community Name	<b>Gross Receipts</b>
FIRST	1	MASSILLON	\$ 4,224,663.84
SECOND	2		
THIRD	3		
FOURTH	4		
FIFTH	5		
SIXTH	6		
SEVENTH	7		
EIGHTH	8		
NINTH	9		
TENTH 1	LO		
ELEVENTH 1	L1		
TWELVTH 1	L2		
THIRTEENTH 1	L3		
FOURTEENTH 1	L4		
FIFTEENTH 1	L5		
SIXTEENTH 1	L6		
SEVENTEENTH 1	L7		
EIGHTEENTH 1	L8		
NINTEENTH 1	L9		
TWENTIETH 2	20		
TWENTY-FIRST 2	21		
TWENTY-SECOND 2	22		
TWENTY-THIRD 2	23		
TWENTY-FOURTH 2	24		
TWENTY-FIFTH 2	25		
TWENTY-SIXTH 2	26		
TWENTY-SEVENTH 2	27		
TWENTY-EIGHTH 2	28		
TWENTY-NINTH 2	29		
THIRTIETH 3	30		
THIRTY-FIRST 3	31		
THIRTY-SECOND 3	32		
THIRTY-THIRD 3	33		
THIRTY-FOURTH 3	34		
THIRTY-FIFTH 3	35		
THIRTY-SIXTH 3	36		
THIRTY-SEVENTH 3	37		
THIRTY-EIGHTH 3	88		
THIRTY-NINTH 3	39		
FORTIETH 4	10		

2. B'cast Space G 3. Type of Basis of Channel Station **DSE** 1. Call Sign Number 6. Location of Station Carriage **WNEO** 45.1 Ε **CLEVELAND-AKRON-YOUNGS** 0.250 45.2 E-M 0.250 **Fusion CLEVELAND-AKRON-YOUNGS FNX CLEVELAND-AKRON-YOUNGS** 0.250 45.3 E-M **WBNX** Ν 55.1 **AKRON** 0.250 Happy Ch 53.2 N-M **AKRON** 0.250 Movies! 55.3 N-M **AKRON** 0.250 Heroes&Icns 55.4 N-M **AKRON** 0.250 **WVPX** 23.1 0.250 Ν **AKRON QUBO** 23.2 **AKRON** 0.250 N-M Start TV 55.5 N-M **AKRON** 0.250 WKYC 3.1 **CLEVELAND** 0.250 Ν **Justice Net** 3.2 N-M **CLEVELAND** 0.250 Cozi 3.3 N-M **CLEVELAND** 0.250 **WEWS** 5.1 Ν **CLEVELAND** 0.250 Grit TV 5.2 **CLEVELAND** 0.250 N-M LAFF TV 5.3 N-M **CLEVELAND** 0.250 WJW 8.1 Ν **CLEVELAND** 0.250 8.2 0.250 Antenna TV N-M **CLEVELAND** WVIZ 25.1 Ε **CLEVELAND** 0.250 **Ohio Channel** 25.2 E-M **CLEVELAND** 0.250 **PBS World** 25.3 E-M **CLEVELAND** 0.250 Create 25.4 E-M 0.250 **CLEVELAND PBS Kids** 25.5 E-M **CLEVELAND** 0.250 WOIO 19.1 Ν **SHAKER HEIGHTS** 0.250 Me TV 19.2 N-M **SHAKER HEIGHTS** 0.250 **WUAB** Ν 0.250 43.1 LORAIN 43.2 N-M 0.250 **Bounce LORAIN WDLI** 17.1 **CANTON** 1.000 Ι **WIVM** 13.1 ı **CANTON** 1.000 13.2 1.000 **ThisTV** I-M **CANTON** LIGHT 13.3 I-M **CANTON** 1.000 WRLM HD 47.1 **CANTON** 1.000 1 **Decades** 55.6 N-M **AKRON** 0.250 Quest 3.4 N-M **CLEVELAND** 0.250 Circle 43.3 N-M **LORAIN** 0.250 Court TV 5.4 N-M **CLEVELAND** 0.250 Comet 8.3 N-M **CLEVELAND** 0.250 0.250 Charge 8.4 N-M **CLEVELAND** #N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A

	2. B'cast					Space G
	Channel	3. Type of				Basis of
1. Call Sign	Number	Station	6. Location of Station	n	DSE	Carriage
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	
					#N/A	

**ACCOUNTING PERIOD: 2020/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 2020/1 **MASSILLON CABLE TV INC** Instructions: Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

<mark>.</mark>	·	

7758

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **MASSILLON CABLE TV INC** 

## Ε

Service: Subscribers and

Rates

## Secondary Transmission

#### 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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	18,086	\$ 40.75				
Service to additional set(s)						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
				T	1	

# 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	RA	TE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	15.00	Motel, hotel		HD ESSENTIALS	\$	6.95
Pay cable—add'l channel	\$	68.75	Commercial		НВО	\$ 2	24.65
Fire protection			• Pay cable		CINEMAX	\$	15.15
•Burglar protection			Pay cable-add'l channel		SHOWTIME	\$ 2	20.15
Installation: Residential			Fire protection		STARZ	\$	15.50
First set			Burglar protection				
Additional set(s)			Other services:				
• FM radio (if separate rate)			Reconnect				
Converter			Disconnect				
			Outlet relocation				
			Move to new address				
						•	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **MASSILLON CABLE TV INC** 7758 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 a **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 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) **WNEO** 45.1 Ε No **CLEVELAND-AKRON-YOUNGS FUSION CLEVELAND-AKRON-YOUNGS** 45.2 E-M No See instructions for additional information **MHzWorldview** #N/A #N/A No #N/A on alphabetization. No **WBNX** 55.1 Ν **AKRON Happy Channel** #N/A No #N/A #N/A Movies! 55.3 N-M No **AKRON Heroes & Icons** #N/A #N/A No #N/A WVPX 23.1 Ν No AKRON **QUBO** 23.2 N-M No **AKRON** Start TV 55.5 N-M No AKRON WKYC 3.1 Ν No **CLEVELAND Justice Network** #N/A #N/A No #N/A Cozi 3.3 N-M No **CLEVELAND WEWS** 5.1 Ν No **CLEVELAND Grit TV** 5.2 N-M No **CLEVELAND LAFF TV** 5.3 N-M No CLEVELAND CLEVELAND **WJW** 8.1 Ν No 8.2 N-M **CLEVELAND** Antenna TV No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name MASSILLON CABLE TV INC 7758

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

•		•	•	•	·				
CHANNEL LINE-UP AB									
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				
WVIZ	25.1	Е	No		CLEVELAND				
Ohio Channel	25.2	E-M	No		CLEVELAND				
PBS World	25.3	E-M	No		CLEVELAND				
Create	25.4	E-M	No		CLEVELAND				
PBS Kids	25.5	E-M	No		CLEVELAND				
WOIO	19.1	N	No		SHAKER HEIGHTS				
Me TV	19.2	N-M	No		SHAKER HEIGHTS				
WUAB	43.1	N	No		LORAIN				
Bounce	43.2	N-M	No		LORAIN				
WDLI	17.1	<u> </u>	No		CANTON				
Quest	3.4	N-M			CLEVELAND				
Decades	55.6	N-M			AKRON				
Circle	43.3	N-M			LORAIN				
WIVM	13.1	I	No		CANTON				
ThisTV	13.2	I-M	No		CANTON				
Light	13.3	I-M	No		CANTON				
WRLM HD	47.1	I	No		CANTON				

G

**Primary** Transmitters: Television

LEGAL NAME OF OWA	IED OF OARLE O	/OTEM			SYSTEM ID#	
MASSILLON C		_			7758	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by	G, identify even system during the constructions in effect on 6.61(e)(2) and (6.61(e)(2) and (	y television st he accounting n June 24, 19 4), or 76.63 (I d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substiff sign. Do not re h a station acc streams must ber the FCC has, WRC is Chane station. whether the stater "N" (for noncommercia	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations corrizations: It it in space I (the referring to station was carried tute basis station report origination cording to its over the report origination as assigned to the report of the report of the reported in contact and a sample I in Wash retation is a network), "N-M" (I educational), o	(1) stations carried carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitute, see page (v) on program services er-the-air designation of the television statification, D.C. This lark station, an indefor network multicur "E-M" (for noncontext)	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial ast), "I" (for independent), "I-M" emmercial educational multicast). The paper SA3 form.	G Primary Transmitters: Television
planation of local servi Column 5: If you h cable system carried the carried the distant stat For the retransmiss	ce area, see pa ave entered "Yohe distant station ion on a part-tii ion of a distant	age (v) of the es" in column on during the me basis becan the multicast street	general instructi 4, you must cor accounting perion ause of lack of a eam that is not s	ions located in the implete column 5, s od. Indicate by ent ictivated channel c iubject to a royalty	stating the basis on which your tering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the	a primary trans simulcasts, also nree categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv nnel line-ups,	ssociation repre you carried the of the general in tr U.S. stations, e the name of the use a separate	senting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.	
	4	CHANN	EL LINE-UP	AC		
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	
		1				

FURM SA3E. PAGE 3.					0)/075	-10.4	
MASSILLON C					SYSTE	7758	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during the constant of	he accounting n June 24, 19 (4), or 76.63 (r ed in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie te carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a		Primary Transmitters:
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further ir in the paper SA3 fc  Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast).  Column 2: Give th its community of licens on which your cable s'  Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv  Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or the sation of the state of the column 6: Give the FCC. For Mexican or the sation of the sation	CC rules, regular here in space only on a subs and also in spation and also in spation and associated with a section associated with a cash of the cash, "E" (for not be the cash), "E" (f	ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read that is sign. Do not read that is sign. Do not read that is streams must be the FCC has the station. Whether the station in commercial page (v) of the the local servers in column on during the sme basis because multicast stream or before Jumitter or an according to the station. Foons, if any, given	torizations:  It it in space I (the ation was carried tute basis station report origination or cording to its own to be reported in the annel 4 in Wash ation is a network etwork), "N-M" (I educational), one general instruction of the general instruction of the space of lack of a seam that is not some 30, 2009, be speciation repreyou carried the of the general in true. It is not some 30, 2009, be speciation repreyou carried the of the general in true.	e Special Statemed both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This light of the television statistic light of the television state of the television stat	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	I	Television
Note: If you are utilizing	ng multiple char		·		channel line-up.		
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		

FORM SA3E. PAGE 3.					21/2==== //	
LEGAL NAME OF OWI					SYSTEM ID#	Name
MASSILLON C					7758	
PRIMARY TRANSMITT						
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 specifc F					azio ofotom on a cazomato program	Television
Do not list the station station was carried     List the station here, basis. For further in in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA Simulcast).     Column 2: Give the its community of licenon which your cable seducational station, by (for independent multifor the meaning of the Column 4: If the siplanation of local serve Column 5: If you headle system carried the distant star For the retransmission.	n here in space only on a subs and also in spanformation concorm. The station's call associated with A-2". Simulcast e channel numbers. For example the in each case to a ventering the lecast), "E" (for not ese terms, see lation is outside ice area, see provided in the provided in the control of the distant statiction on a part-tipsion of a distant statiction of a	G—but do list titute basis. ace I, if the state that sign. Do not read that sign. Do not read that sign. Do not read that station acceptate the FCC has been station. Whether the station. Whether the station. Whether the station oncommercial page (v) of the teles" in column on during the sign basis because multicast street.	tit in space I (the ation was carried tute basis station report origination cording to its own be reported in cording to its own be reported in cording to its own be assigned to its annel 4 in Wash ration is a network etwork), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, (i	If both on a substitute, see page (v) on a program service er-the-air designate column 1 (list each the television statington, D.C. This rk station, an indefer network multice of "E-M" (for nenocetions located in the inplete column 5, so d. Indicate by entitivated channel of ubject to a royalty	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	a primary trans simulcasts, also nree categories e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ons, if any, give	ssociation repre you carried the of the general in U.S. stations, the the name of the	senting the primal channel on any of nstructions locate list the community with the commu	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	AE		
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	

FORM SA3E. PAGE 3.					21/2=11/15		
MASSILLON CA					SYSTEM ID# 7758	Name	
					1730		
PRIMARY TRANSMITTERS: TELEVISION							
Note: If you are utilizing				·	опання што цр.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					21/2==== 15 //	
LEGAL NAME OF OWN					SYSTEM ID#	Name
MASSILLON C					7758	
PRIMARY TRANSMITT						
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 specifc F0					azzo eyetem en a cazontato program	Television
Do not list the station station was carried     List the station here, basis. For further ir in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast).     Column 2: Give the its community of licens on which your cable so Column 3: Indicate educational station, by (for independent multiport the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried to carried the distant state For the retransmiss.	a here in space only on a subs and also in spatformation concorm. The station's call associated with a second care care of the concord care of the	G—but do list titute basis. ace I, if the state that sign. Do not read a station acceptate the FCC has well as the station. The station acceptate the FCC has whether the station. The station acceptate (v) of the the local servage (v) of the es" in column on during the station and the station.	tit in space I (the string space I) the string space I (the string space I) the string space I (the space II) the string space II (the space II) the space II (the space II)	d both on a substitute, see page (v) on a program service er-the-air designate column 1 (list each the television statington, D.C. This light of the television statington, D.C. This light of the television statington, an indefer network multicur "E-M" (for noncontributions located in the distant"), enter "Yesions located in the inplete column 5, sod. Indicate by entictivated channel coubject to a royalty	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, give	you carried the of the general in the general in the general in the rush stations, are the name of the same same of the same same same same same same same sam	channel on any of instructions locate list the community ne community with	ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AG		
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	