THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

TOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED \$ 7/14/21 ALLOCATION NUMBER

SA1-2 Short Form

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)								
Accounting Period	January 1–June 30 2021 (Year)	☐ July 1–December 31(Year)							
Bowner	In line 2, list any other names under which the owner If there were different owners during the accounting p a single statement of account and royalty fee payment of	conducts the business of the cable system. seriod, only the owner on the last day of the accounting period should subscovering the entire accounting period. Inter the system's ID number assigned by the Licensing Division.							
	DTC Cable, Inc.								
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	MAILING ADDRESS OF OWNER OF CABLE SY PO Box 271 (Number, street, rural route, apartment, or suite number) Delhi, NY 13753 (City, town, state, zip)	/STEM:							
С	Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip)								
D Area Served	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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN STATE	CITY OR TOWN STATE							
First ▶ Community	Delhi Village NY								

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.

OTC Cable, Inc.				Name
reas and including single, discrete uninc f system identification hereafter known a	orporated areas)." 47 C.F.R. is the "first community." Ple	em. A "community" is the same as a "comry (including unincorporated communities . §76.5(dd). The first community that you I hase use it as the first community on all fut or mobile home parks should be reported in	within unincorporated ist will serve as a form fure filings.	D Area Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
				◀ First
				Communi

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LEGAL NAME OF OWNER OF CABLE SYSTEM: DTC Cable, Inc.

E

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		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	285	\$36.99	Family Pack	198	\$103.99
· Service to additional set(s)			Family+ Pack	508	\$110.99
•FM radio (if separate rate)			Power Pack	321	\$120.99
Motel, hotel			Entertainment Pack	87	\$114.99
Commercial					
Converter				.]	
· Residential					
 Nonresidential 					

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 1				BLOCK 2		
CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
· Pay cable-add'l channel		Commercial		1		
Fire protection		Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set		Burglar protection				
 Additional set(s) 		Other Services:				
FM radio (if separate rate)		Reconnect		I		
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DTC Cable, Inc.

Name

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 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.

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 "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

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 (iv) of the general instructions.

Column 4: 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBGN	12	N	BINGHAMTON, NY
WICZ	4	I	BINGHAMTON, NY
WIVT	5	N	BINGHAMTON, NY
WSKG	3	E	BINGHAMTON, NY
WBGH	2	N	BINGHAMTON, NY
SWYR-2	9	1	SYRACUSE, NY
	_		
	_	-	

G

Primary Transmitters: Television

Name	DTC Cable,		SYSTEM	и:				FORM SA1-2. PAGE
Primary Transmitters: Radio	PRIMARY In General: all-band basi Special Instr receivable if (the basis of n detailed infor Column 1 Column 2 Column 3 signal, indica Column 4	TRANSMIT List every race is whose sign ructions Cou (1) it is carried monitoring, to rmation about Identify the State wheth If the radio ate this by pla Give the sta	ncernid by the bereat the treatment to call siner the station acing a ation's	S: RADIO ation carried on a separate at the sere generally receivable by a sing All-Band FM Carriage: the system whenever it is received at the headend, with the Copyright Office regulating of each station carried. The station is AM or FM. The signal was electronically a check mark in the "S/D" control of the community to the signal with the community with the community with the series of	your cable syst Under Copyrightived at the system's FN ons on this point on the processed by the system of the system of the state of t	em during the not Office regulem's header of antenna, dont, see page the cable sy	ne acculation nd; an uring e (iv) o	counting period. Ins, an FM signal is generall of (2) it can be expected, of certain stated intervals. For the general instructions. Instructions as a separate and discret
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

								•
			14					

DTC Cable, Inc.							Name
SUBSTITUTE CARRIAGI In General: In space I, ident system carried on a <i>substitut</i> tions, or authorizations. For a the general instructions.	tify <i>every no</i> e <i>basis</i> durir	nnetwork televing the accounti	vision program, broadca	ast by a dis	and former FCC ru	ilee regula-	Substitute Carriage:
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
2. LOG OF SUBSTITUTE PF In General: List each substit clear. If you need more space Column 1: Give the title o period, was broadcast by a di under certain FCC rules, regu Do not use general categorie "NBA Basketball: 76ers vs. B Column 2: If the program Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7, give Column 6: State the times to the nearest five minutes. Ex as "6:00-6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for program on October 19, 1976.	tute programe, please attate fevery nonnestant stations, or as like "movibulls." was broaded ground fitted the state of the station dian stations and day where "5/7." when the state of the state of the station of t	ach additional letwork television and that your cauthorizations. es" or "basketlest live, enter "attion broadcast is location (the s, if any, the colen your system ubstitute program carried in effect during television and the state of the state of the system which is not additional to the state of the system of the state of the system o	pages. ion program ("substitute cable system substitute. See page (v) of the genball." List specific programs." Otherwise, enterting the substitute programmunity to which the carried the substitute am was carried by your by a system from 6:01:1 as substituted for programs.	e program" d for the properation instruction in titles, for "No." ram. ne station is program. U cable systems of p.m. to 6 ramming the center the life of the program is program.) that, during the ogramming of anotions for further is received by the identified). Its numerals, with the times 128:30 p.m. shoul at your system wetter "P" if the list.	accounting other station information. It we Lucy" or a state of the st	
A transfer of the officers of the original and the second and the original	JBSTITUTE	PROGRAM		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I SUBSTITUTE GE OCCURRED	7. REASON	
1. 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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		NAME OF THE OWNER, THE					
					<u> </u>		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DTC Cable, Inc.									
K Gross Receipts	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 (vi) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)									
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.									
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	4								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00									
	Line 1. Royalty fee for accounting period									
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8									
	Line 3. Filing Fee \$ 15.00									
Y		•								
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.									
	Add lines 1, 2 and 3 \$ 67.00									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)									
9	1. Base amount under statutory formula · · ·									
	Enter amount of gross receipts from space K									
	CONTROL CONTRO									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K									
	5. Enter the amount from line 3									
	6. Subtract line 5 from line 4									
	7. Multiply line 6 by .005 (enter figure here)									
_	8. Interest charge. Enter the amount from line 4, space Q, page 8									
	9. Filing Fee									
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	1								
	•	T								
	1. Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula									
	3. Subtract line 2 from line 1									
	4. Multiply line 3 by .01	1								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)									
	6. Interest Charge. Enter the amount from line 4, space Q, page 8									
	7. Filing Fee. \$20.00									
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7									
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page i of the	-71								
	general instructions for more information.	2								

LEGAL NAME OF OWNER OF CABLE SYSTEM: DTC Cable, Inc.	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N
Name Ann M. Mullenix Telephone 607-746-1563 Address PO Box 271 (Number, street, rural route, apartment, or suite number) Delhi, NY 13753 (City, town, state, zip) Email (optional) ann@delhitel.com Fax (optional)	Individual to Be Contacted for Further Information
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification
Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identified 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. [See 18 U.S.C. sec.1001] 	
Handwritten signature:	
Typed or printed name: Jason J. Miller	
Title: VP/General Manager (Title of official position held in corporation or partnership)	
Date: 7 - 14 - 2	

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