THIS FORM If you are filing	IS EFFECTIVE FOR ACCOUNTING Period for a prior accounting period for a period	JNTING PERIODS BEO	GINNING JANUARY 1, 2015 and Division for the correct form.	SA1-2 Short Form			
for Second by Cable S	ENT OF ACCOUNT ary Transmissions ystems (Short Form) uctions are at the rm [pages (i) – (vii)].	FOR COPY DATE RECEIVED 8-29-22	ALLOCATION NUMBER	Return to:ibrary of Congress Copyright Office-LD 101 Independence Avenue S Washington, DC 20557-6400 202) 707-8150  for courier deliveries, see page ii of the general instructions.			
Accounting Period	ACCOUNTING PERIOD CO  January 1-June 30 2022  (Ye	fil in the year date.)					
<b>B</b> Owner	In line 2, list any other names to if there were different owners of a single statement of account and Check here if this is the system 1 LEGAL NAME OF OWNER Doylestown Commun	ander which the owner condu- luring the accounting period, droyalty fee payment covering em's first filing, If not, enter the R OF CABLE SYSTEM:	acts the business of the cable system, only the owner on the last day of the according to the entire accounting period, esystem's ID number assigned by the Lice	unting period should submit			
		OWNER OF CABLE SYSTEM	·				
С	Instructions: In line 1, give any becames already appear in space B	pusiness or trade names use . In line 2, give the mailing ad	d to identify the business and operation dress of the system, if different from the	of the system unless these address given in space B.			
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CA  (Number, street, rural route, apartment (City, town, strate, zip)	· · · · · · · · · · · · · · · · · · ·					
D Area Served	areas and including single, discret of system identification hereafter k	inct community or municipal a unincorporated areas)." 47 nown as the "first community	e system. A "community" is the same as a entity (including unincorporated community that C.F.R. §76.5(dd). The first community that "." Please use it as the first community on iums, or mobile home parks should be repo	nities within unincorporated youlist will serve as a form all tuture filings.			
First ► Community	CITY OR TOWN Village of Doylestown Chippewa Township Marshallville	STATE Ohio Ohio Ohia	CITY OR TOWN	STATE Ohio			

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 courl of law.

FORM SA1-2, PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	•			:
Doylestown Communications, Inc.			60203	Name
Instructions: List each separate community in FCC rules: "a separate and distinct com areas and including single, discrete unincor of system identification hereafter known as	porated areas)." 47 C.F.R.; the "first community." Plea	(including unincorporated comm §76.5(dd). The first community that ise use it as the first community of	unities within unincorporated at you list will serve as a form on all future filings	D Area
Note: Entitles and properties such as hotels, a identified city.	partments, condominiums, c	or mobile home parks should be rep	orted in parentheses below the	Served
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
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		**************		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Doylestown Communications, Inc.

FORM SA1-2, PAGE 2.

60203

## 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 hose 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 pillings 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	119	\$45.95			
<ul> <li>Service to additional set(s)</li> </ul>	: 				••••
•FM radio (if separate rate)	<b></b>				
Motel, hotel				· :	
Commercial					
Converter	0	\$2.00			
<ul> <li>Residential</li> </ul>		, , , , , , , ,		1	
<ul> <li>Nonresidential</li> </ul>			***********************		

# 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: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter		Commercial Pay cable Pay cable—add'l channel Fire protection Burglar protection	\$25.00 \$25.00 \$25.00				

#### FORM SA1-2, PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Doylestown Communications, Inc.

60203

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
WKYC	3	N	Cleveland, Ohio
WEWS	5	N	Cleveland, Ohio
WJW	8	N	Cleveland, Ohio
WDLI	17	1	Canton, Ohio
woio	19	N	Cleveland, Ohio
WVPX	23	П	Akron, Ohio
WVIZ	25	·E	Cleveland, Ohio
WUAB	43	,1	Lorain, Ohio
WNEO	45	E	Alliance, Ohio
WRLM	47	1	Canton, Ohio
WGGN	52	I	Sandusky, Ohio
WBNX	55	i	Akron, Ohio
WMFD	68	<u>I</u>	Mansfield, Ohio
		*	
		•	
			2

G

Primary Transmitters: Television

FORM SA1-2, PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Doylestown Communications, Inc. 60203 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an Н all-band basis whose signals were generally receivable by your cable system during the accounting period. Primary Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend; and (:') it can be expected, on Radio 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 (iv) of the general instructions. 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

<b>FORM</b>	SA <sub>1</sub>	l-2 i	PΑ	GE	5

Doylestown Communications, Inc. 60203								
					60203			
JBSTITUTE CARRIAG General: In space I, idel stem carried on a substitu- ns, or authorizations, For e general instructions.	ntify <i>every na</i> <i>ite basi</i> s durir	<i>nnetwork tele</i> ng the account	ast by a <i>di</i>	and formar EAA -	ulaa waasiin	Substitute		
SPECIAL STATEMENT ( During the accounting pe broadcast by a distant state: Ite: If your answer is "No, in block 2.	riod, did your ation?	r cable system		Carriage: Special Statement a Program Lo				
LOG OF SUBSTITUTE P General: List each subst ar. If you need more space Column 1: Give the title of iod, was broadcast by a coder certain FCC rules, reg not use general categori BA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the broad case of Mexican or Case	itute program be, please att- of every nonn distant station gulations, or a es like "movi Bulls." was broadca ign of the sta dcast station	ach additional network televis and that your authorizations, es" or "basket ast live, enter ' tion broadcas 's location (the	pages. icon program ("substitute cable system substitute See page (v) of the gen iball." List specific progr 'Yes.". Otherwise, enter ting the substitute progre e community to which the	e program" d for the properal instruction titles, for "No." ram titles, for am.	") that, during the ogramming of and tions for further if or example, "I Lo	accounting other station information, we Lucy" or		
the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the nest. Example: for May 7, give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurate the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be seed "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program substituted for programming that your system was permitted to delete under FCC rules and regulations in coctober 19, 1976.								
telete under FCC rules an s substituted for program October 19, 1976.	d regulations iming that yo	in effect durin ur system was	g the accounting period:	; enter the li der FCC r. II	etter "P" if the list ules and regulatio	ed pro gram		
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2	2. PAGE 6					
Name	Doylestown Communications, Inc.	60203						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how 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.	ount you pay. Enter the secondary transmission w to compute this amou	service unt, see					
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructors: 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 les  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les  See page (vi) of the general instructions for more information.	s than or equal to \$263, s than (527,600	800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you raccounting 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	\$ 52.00	·					
	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)							
		3,800						
	2. Enter amount of gross receipts from space K \$141,66							
	3. Subtract line 2 from line 1	6.00						
	Enter the amount of gross receipts from space K	\$141,664.00						
	5. Enter the amount from line 3	\$122,136.00						
	6. Subtract line 5 from line 4	\$19,528.00						
	7. Multiply line 6 by .005 (enter figure here)	\$	97.64					
	8. Interest charge. Enter the amount from line 4, space Q, page 8	•	0.00					
	9. Filing Fee	\$ 20.00						
1 1 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 7, 8 and 9	<b>▶</b> \$ 1	17.64					
-	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	Enter the amount of gross receipts from space K							
		3,800						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$ 1,319						
	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	<b>▶</b> s						
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register general instructions for more information.	of Copy ights. See page i	of the					

FORM SA1-2, PAGE 7.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Doylestown Communications, Inc. 60203	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	M Channels
channels on which the cable system carried television broadcast stations and nonbroadcast services.	
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N
Name David Jones  Telephone 330-658-2121 (Area code)  Address 81 N. Portage St. (Number, street, rural route, apartment, or suite number)  Doylestown, Ohio 44230-1349 (City, town, state, zip)	Individual to Be Contacted for Further Information
Email (optional) diones@ohio.net Fax (optional) 330-658-7243	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0
<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	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	
[In a comporation of the legal entity identified as owner of the cable system in line 1 of space B.	
<ul> <li>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]</li> </ul>	
Handwritten signature: BBW——	
Typed or printed name: Brian Brockman	
Title: President (Title of official position held in corporation or partnership)	
Date: August 29, 2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (Pil) requested on this form in order to process your statement of account. Pil is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing Pil, 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 Pil 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 or law.

	FORM \$A1-2. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Doylestown Communications, Inc.  60203						
Special Statement Concerning Gross Receipts Exclusions	SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A) of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vi) of the general instructions.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below						
	Nome  Mailing address  Mailing address						
Q Interest Assessment	INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (vi) of the general instructions.  Line 1. Enter the amount of late payment or underpayment						
	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						
	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6						
	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fur her assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.						
	**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
	<b>Note:</b> If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.						
	Owner						
	ID number						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (Pil) requested on this form in order to process your statement of account. Pil is any personal information that can be used to identify or trace an individual, such as narne, address, and telephone numbers. By providing Pil, 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 Pil 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 filling, a determination that would be made by a court of law.