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.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	2-22-23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MASSILLON CABLE TV, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		814 CABLE CT NW, PO BOX 1000	
		(Number, street, rural route, apartment, or sulte number) MASSILLON, OH 44647	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless th s 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:	
		POWHATAN POINT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, Insure, electre, via, acade)	
	1	(City, town, state, zip code)	

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 suffciency of the fling, a determination that would be made by a court of law.

	2022/2	FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I				
Name	MASSILLON CABLE TV, INC.	258				
	Instructions: List each separate community served by the cable system. A "community" is the s	ame as a "community unit" as defined in FCC rules: "a				
D	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					
Area		should be reported in parentileses below the identified				
Served	city.					
	CITY OR TOWN	STATE				
First	BRIDGEPORT COLERAIN TWP	OH				
Community	JACOBSBURG YORK TWP	ОН				
	POWHATAN POINT VILLAGE	ОН				
	POWHATAN POINT YORK TWP	ОН				
ld Rows as Necessary		ОН				
	ST. CLAIRSVILLE WHEELING TWP					
	ST. CLAIRSVILLE COLERAIN TWP	OH				
	BARTON	ОН				
	CRESCENT	ОН				
	MAYNARD	ОН				
	BELLAIRE VILLAGE	ОН				
	BELLAIRE RICHLAND TWP	ОН				
	BELLAIRE PULTNEY TWP	ОН				
	BELLAIRE PEASE TWP	ОН				
	BELMONT SMITH TWP	ОН				
	BRIDGEPORT RICHLAND TWP	ОН				
	BRIDGEPORT PULTNEY TWP	ОН				
	BRIDGEPORT PEASE TWP	OH				
	GLENCOE SMITH TWP	ОН				
	GLENCOE RICHLAND TWP	OH				
	JACOBSBURG RICHLAND TWP	OH				
	JACOBSBURG SMITH TWP	ОН				
	NEFFS RICHLAND TWP	ОН				
	NEFFS PULTNEY TWP	ОН				
	ST.CLAIRSVILLE RICHLAND TWP	OH				
	STEWARTSVILLE RICHLAND TWP	ОН				
	AMSTERDAM JEFFERSON COUNTY	ОН				
		OH				
	SPRINGFIELD JEFFERSON COUNTY	OH				
		OH				
	VILLAGE OF SALINEVILLE COLUMBIANA COUNTY	ОН				
	WASHINGTON TWP COLUMBIANA COUNTY	OH				
	FOX TWP CARROLL COUNTY	ОН				
	BRUSH CREEK TWP JEFFERSON COUNTY	ОН				
	WARWOOD	WV				
	BEECH BOTTOM	WV				
	WINDSOR HEIGHTS	WV				
	VILLAGE OF WOODSFIELD MONROE COUNTY	OH				
	VILLAGE OF LEWISVILLE MONROE COUNTY	ОН				
		OH				
		OH				
	LEE TWP MONROE COUNTY	OH				
	OHIO TWP MONROE COUNTY	ОН				

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								ORM SA1-2E. PAGE 2. SYSTEM ID#	
Name	MASSILLON CABLE TV,								258	
E Secondary Transmission Service: Sub- scribers 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 ca first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again undo nas rate catego ers of services	addition er "Serv ories for that inc	al sets would be rice to additiona secondary tran clude one or mo	e included l set(s)." smission s re second	in the count un service that are ary transmissio	der "Service different fro ns), list ther	e to the om those m, together		
	BLC	DCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	SUBSCIUD	LING	INAIL	CAT		INVICE	SUBSCRIBERS		
	Service to first set		1,398	35.95-52.95						
	 Service to additional set(s) 								1	
	• FM radio (if separate rate)								1	
	Motel, hotel								[
	Commercial									
	Converter									
	Residential								.	
	Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furm it in which it is rate column. e charged by tt your cable sys separate charg tion and includ	hat are hat are ns: you usually ne cable tem fur e was n le the ra	rmation with res not offered in c do not need to o nonsubscriber billed. If any rat e system for eac nished or offeren nade or establis	pect to all ombination give rate in s. Rate int es are cha ch of the a d during th	n with any seco nformation conc formation shoul arged on a varia pplicable servic ne accounting p	ndary transi cerning (1) s d include bo able per-prog ces listed. period that w	mission services oth the gram basis, vere not form of a		
		BLO RATE	-	GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE	
	CATEGORY OF SERVICE Continuing Services:	INALE		ation: Non-res		IVALE	UNIEGO	DIVI OF SERVICE		
	•	15.50		tel, hotel			нво		22.1	
	 Pay cable 		• Co	mmercial			STARZ/	ENCORE	T	
	• Pay cable—add'l channel	73-90				·····			15.5	
		73-90	• Pa	y cable			SHOWT	IME	9-20.1	
	 Pay cable—add'l channel Fire protection Burglar protection 	73-90	• Pa		annel		ENCOR	IME E	9-20.1 4.7	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	73-90	• Pay • Pay • Fire	y cable y cable-add'l ch e protection	annel		ENCOR HD ESS	TIME E SENTIALS	9-20.1 4.7 7.9	
	Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set	73-90	• Pay • Pay • Fire • But	y cable y cable-add'l ch e protection rglar protection	annel		ENCOR HD ESS CINEMA	TIME E SENTIALS	9-20.1 4.7 7.9 15.1	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	73-90	• Pay • Pay • Fire • But Other	y cable y cable-add'l ch e protection rglar protection services:	annel		ENCOR HD ESS	TIME E SENTIALS	9-20.1 4.7 7.9 15.1	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	73-90	• Pa • Pa • Fire • Bu • Bu	y cable y cable-add'l ch e protection rglar protection services: connect	annel		ENCOR HD ESS CINEMA	TIME E SENTIALS	9-20.1	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	73-90	• Pay • Pay • Fire • Buy • Buy • Re • Dis	y cable y cable-add'l ch e protection rglar protection services:	annel		ENCOR HD ESS CINEMA	TIME E SENTIALS	9-20.1 4.7 7.9 15.1	

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	MASSILLON CABLE TV, INC. 25							
	PRIMARY TRANSMITTERS: TELEVISION							
G 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 multistream "WETA-2" as the same on the form. 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), "[' (for independent), "]-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 in the paper SA1-2 fo							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KDKA CBS	2.1	N	PITTSBURGH				
	KDKA START TV	2.2	N-M	PITTSBURGH				
dd Rows as Necessary	WOUB PBS	20.1 - 44.1	Е	ATHENS-CAMBRIDGE				
	WOUB OHIO CH	20.5-44.5	E-M	ATHENS-CAMBRIDGE				
	WOUB PBS KIDS	20.6-44.6	E-M	ATHENS-CAMBRIDGE				
	WQED PBS	13.1	E	PITTSBURGH				
	WQED CREATE	13.2	E-M	PITTSBURGH				
	WTOV NBC	9.1	N	STEUBENVILLE				
	WTOV FOX	9.2	N-M	STEUBENVILLE				
	WTOV Comet	9.3	N-M	STEUBENVILLE				
	WTRF CBS	7.1	N	STEUBENVILLE-OH-WHEELING W				
	WTRF MyNetwork TV	7.2	N-M	STEUBENVILLE OH-WHEELING W				
	WTRF ABC	7.3	N-M	STEUBENVILLE-OH-WHEELING W				
	WTRF Court TV Myste	7.4	N-M	STEUBENVILLE-OH-WHEELING W				
	KDKA Dabl	2.3	N-M	PITTSBURGH				
	WOUB Classic	20.2-44.2	E-M	ATHENS-CAMBRIDGE				
	WOUB PBS World	20.3-44.3	E-M	ATHENS-CAMBRIDGE				
	WOUB Create	20.4-44.4	E-M	ATHENS-CAMBRIDGE				
	WQED SHOWCASE	13.4	E-M	PITTSBURGH				
	WQED WORLD	13.3	E-M	PITTSBURGH				
	WPGH FOX	53.1	N	PITTSBURGH				
	WPNT MyNetwork TV	22.1	Ν	PITTSBURGH				
	WPGH Antenna TV	53.2	N-M	PITTSBURGH				
	WPGH CHARGE	53.3	N-M	PITTSBURGH				
	WFGH CHARGE							
	WNEO PBS	45.1	E	ALLIANCE				
		45.1 45.2	E E-M	ALLIANCE				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	MASSILLON CABLE T			25					
	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-tir	me basis under					
Primary	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								
Transmitters: Television	substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
relevielen	 Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 								
	• Do not list the station here station was carried only on a		e Special Statement and Program L						
		so in space I, if the station was carried concerning substitute basis stations, s							
	Column 1: List each station's	s call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ESP	N, etc. Identify each					
	multicast stream associated w "WETA-2" as the same on th	with a station according to its over-the- e form.	air designation. For example, repo	rt multistream					
	Column 2: Give the channel	number the FCC assigned to the telev	ision station for broadcasting over	the air in its community					
		C is channel 4 in Washington, D.C. case whether the station is a network s	tation, an independent station, or a	noncommercial					
		ng the letter "N" (for network), "N-M" (for network), "N-M" (for noncommercial educational), or							
	For the meaning of these terr	ms, see page (iv) of the general instruc	tions in the paper SA1-2 form.	,					
		of each station. For U.S. stations, list t	,	, , , , , , , , , , , , , , , , , , ,					
	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					
	WQED PBS Kids	13.5	E-M	PITTSBURGH					
	WQED PBS Kids WBCB CW	13.5 21.2	E-M N-M	PITTSBURGH YOUNGSTOWN					
	WBCB CW	21.2	N-M	YOUNGSTOWN					
	WBCB CW WYFX MY NETWORK	21.2 62.2	N-M N-M	YOUNGSTOWN YOUNGSTOWN					
	WBCB CW WYFX MY NETWORK WFMJ NBC	21.2 62.2 21.1	N-M N-M N	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS	21.2 62.2 21.1 27.1	N-M N-M N N	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC	21.2 62.2 21.1 27.1 33.1	N-M N-M N N N	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX	21.2 62.2 21.1 27.1 33.1 62.1	N-M N-M N N N N	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS	21.2 62.2 21.1 27.1 33.1 62.1 24.1	N-M N-M N N N N E	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WKBN CBS WYTV ABC WYFX FOX WYPB PBS WVPB West Virginia	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2	N-M N-M N N N N E E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					
	WBCB CW WYFX MY NETWORK WFMJ NBC WKBN CBS WYTV ABC WYFX FOX WVPB PBS WVPB PBS WVPB West Virginia WVPB PBS Kids	21.2 62.2 21.1 27.1 33.1 62.1 24.1 24.2 24.3	N-M N-M N N N E E-M E-M	YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN YOUNGSTOWN WHEELING WHEELING WHEELING					

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF			SIEM:					SYSTEM ID# 2588
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	t							

Accounting Perio	d: 2022/2					FO	RM SA1-2E. PAGE 5.				
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	FEM:				SYSTEM ID#				
Name	MASSILLON CABLE T	V, INC.					2588				
	SUBSTITUTE CARRIAGE			IT AND PROGRAM I O	G						
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:											
Special Statement and	 During the accounting per 	riod, did yoι	ır cable systen	n carry, on a substitute b	oasis, any non	network tele <u>visio</u> n prog	ra <u>m</u>				
Program Log	broadcast by a distant stat	ion?				YES	× NO				
	Note: If your answer is "No	". leave the	rest of this pa	ge blank. If vour answer	is "Yes." vou	must complete the proc	Iram				
	lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2.										
	LOG OF SUBSTITUTE PROGRAMS										
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call	 n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is lear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting eriod, was broadcast by a distant station and that your cable system substituted for the programming of another station nder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. to not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in 									
	Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	nth and day ve "5/7." es when the Example: a er "R" if the and regulati	when your sys e substitute pro a program carr listed program ons in effect d	stem carried the substitu ogram was carried by yo ied by a system from 6:0 n was substituted for pro uring the accounting per	ute program. U our cable syste 01:15 p.m. to (ogramming tha riod; enter the	se numerals, with the n m. List the times accura 5:28:30 p.m. should be t your system was <i>requ</i> letter "P" if the listed pr	ately ired				
	effect on October 19, 1976										
	s	UBSTITUT	E PROGRAM	1		WHEN SUBSTITUTE CARRIAGE OCCURRED					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH AND DAY		DELETION				
						_					
						_					
						_					
						+					
						_					
						_					

Accounting Period:	2022/2			FORM	SA1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV, INC.				SYSTEM ID# 2588			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the second in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipting	system's se on of how t	econdary transmi o compute this a	ssion service mount, see \$ 4				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	an \$527,600	63,800				
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00			is six-month				
	Line 1. Royalty fee for accounting period				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE							
	1. Base amount under statutory formula			00)				
	2. Enter amount of gross receipts from space K							
	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				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines a	' and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)				
	1. Enter the amount of gross receipts from space K	. \$	417,778.53					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	153,978.53					
	4. Multiply line 3 by .01		\$	1,539.79				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	_			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	_			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	l, 5, and 6 .		\$	2,858.79			
	FILING FEE AND TOTAL REMITTANCE D	JE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,858.79	_			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	-			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,878.79			
	EFT Trace # or TRANSACTION ID #	27	742RRAV					
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the							

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MASSILLON CABLE TV, INC.	SYSTEM ID# 2588
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels duri 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	65-86 & 0 - IPTV ONLY
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Iden we can contact about this statement of account.)	
for Further Information	Name KATHERINE GESSNER Address 814 CABLE CT NW PO BOX 1000	Telephone 330-833-5509
	(Number, street, rural route, apartment, or suite number) MASSILLON, OH 44648 (City, town, state, zip)	
	Email	Fax (optional
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance. I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable sy (Agent of owner other than corporation or partnership) I am the duly authori in line 1 of space B and that the owner is not a corporation or partnership X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnersh in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and a [18 U.S.C., Section 1001(1986)] 	ystem as identified in line 1 of space B; or ized agent of the owner of the cable system as identified y; or hip) of the legal entity identified as owner of the cable system
	X /S/ KATHERINE GES Enter an electronic signature on the line is Enter signature using an "/s/ signature" (signature using an "/s/ signature") (sig	above to certify this statement.
	Typed or printed name: KATHERINE GESSN	ER
	Title: PRESIDENT (Title of official position held in corporation or partr	nership)
	Date:	February 22, 2023

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 fling, a determination that would be made by a court of law.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
SSILLON CABLE TV, INC.	2588
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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C	Cable Worksheet		Total amount of remittance	c'd Initials	
			Date of remittance	Check EFT	FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗌 Janu	ary 1 - June 30, 2017	[July 1 - December 31, 2017	
	Lette	er sent	[Information received	
	Acce	pted		Phone call/Date/Contact	
Space B Owner					
	Lette	er sent	[Information received	
	Acce	epted		Phone call/Date/Contact	
Space D Area Served					
	Lette	er sent	Γ	Information received	
	Acce	epted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	er sent		Information received	
and Rates		pted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	pted		Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	