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

Return completed workbook by email to:

## 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
02/27/23	\$ ALLOCATION NUMBER

## coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2022/2				
Period					
B Owner	Instructions:         Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.         List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accord Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the pointing period.	m. e accounting period should su		062897
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Verizon Pennsylvania LLC				
				062897	720222
				062897	2022/2
	22001 Loudoun County Parkway				
	Ashburn, VA 20147				
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busines	es and operation of the sve	tom unless	s these
С	names already appear in space B. In line 2, give the mailing address of				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	Verizon Fios TV (Pittsburgh, PA) VHO 11				
	MAILING ADDRESS OF CABLE SYSTEM: 3096 Sassafras Way				
	2 (Number, street, rural route, apartment, or suite number)				
	Pittsburgh, PA 15201 (City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst comr	munity served below and re	elist on pag	<sub>l</sub> e 1b
Area Served	with all communities. CITY OR TOWN	STATE			
First	ALEPPO TWP	PA			
Community	Below is a sample for reporting communities if you report multiple ch		ipace G		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	А		1
	Alliance	MD	B		2
	Gering	MD	В		3
Privacy Act Notic	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect	ct the personally identify	ving information (PII) requested or	n this	
	process your statement of account. PII is any personal information that can be used to identif				
	ding PII, you are agreeing to the routine use of it to establish and maintain a public record, pared for the public. The effect of not providing the PII requested is that it may delay proces		•		
completed record of	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.
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FORM SA3E. PAGE 1b.				-
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon Pennsylvania LLC			062897	
<b>Instructions:</b> List each separate community served by the cable system. A "communit in FCC rules: "a separate and distinct community or municipal entity (including unincorpareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The fr of system identification hereafter known as the "first community." Please use it as the fir	oorated communi st community tha	ties within unincorp t you list will serve	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hot below the identified city or town.	-	•	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., o all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each r designated by a number (based on your reporting from Part 9).	he column blank. elevant communi	If you report any s ty with a subscribe	tations r group,	
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	d a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	]
ALEPPO TWP	PA	Α		First
ASPINWALL BORO	PA	A		Community
AVALON BORO	PA	A		,
BALDWIN BORO	PA	A		
BALDWIN TWP	PA	Α		
BELL ACRES BORO	PA	A		Soo instructions for
BELLEVUE BORO	PA	A		See instructions for additional information
BEN AVON BORO	PA	A		on alphabetization.
BEN AVON HEIGHTS BORO	PA	Â		
BETHEL PARK BORO	PA	Ā		
BLAWNOX BORO	PA PA	Â		
BOROUGH OF GLEN OSBORNE				Add rows as necessary.
	PA	A		
	PA	A		
BRADDOCK HILLS BORO	PA	A		
BRENTWOOD BORO	PA	A		
BRIDGEVILLE BORO	PA	A		
	PA	A		
CASTLE SHANNON BORO	PA	A		
CHALFANT BORO	PA	A		
CHURCHILL BORO	PA	A		
COLLIER TWP	PA	A		
CORAOPOLIS BORO	PA	A		
CRAFTON BORO	PA	A		
CRESCENT TWP	PA	Α		
DORMONT BORO	PA	Α		
EAST MCKEESPORT BORO	PA	Α		
EAST PITTSBURGH BORO	PA	Α		
EDGEWOOD BORO	PA	A		
EDGEWORTH BORO	PA	Α		
ELIZABETH TWP	PA	Α		
EMSWORTH BORO	PA	Α		
ETNA BORO	PA	Α		
FINDLAY TWP	PA	Α		
FOREST HILLS BORO	PA	Α		
FOX CHAPEL BORO	PA	Α		
FRANKLIN PARK BORO	PA	A		
GLENFIELD BORO	PA	A		
GREENTREE BORO	PA	Α		
HAMPTON TWP	PA	Α		
HAYSVILLE BORO	PA	Α		
		l		I

		-
HEIDELBURG BORO	PA	A
	PA	A
	PA	Α
IGRAM BORO	PA	Α
EFFERSON HILLS BORO	PA	Α
ENNEDY TWP	PA	Α
LBUCK TWP	PA	Α
EET TWP	PA	Α
ETSDALE BORO	PA	Α
CCANDLESS TWP	PA	Α
CKEES ROCKS BORO	PA	Α
LLVALE BORO	PA	Α
ONROEVILLE BORO	PA	A
DON TWP	PA	A
Γ LEBANON TWP	PA	A
JNHALL BORO	PA	A
VILLE TWP	PA PA	A
	PA	A
	PA	A
ORTH STRABANE TWP	PA	A
ORTH VERSAILLES TWP	PA	A
DTTINGHAM TWP	PA	Α
KDALE BORO	PA	Α
IARA TWP	PA	Α
IIO TWP	PA	Α
NN HILLS TWP	PA	Α
NNSBURY VILLAGE BORO	PA	Α
TERS TWP	PA	Α
ICARIN BORO	PA	Α
TSBURGH CITY	PA	Α
EASANT HILLS BORO	PA	A
UM BORO	PA	A
NKIN BORO	PA	Δ
SERVE TWP	PA	A A
BINSON TWP	PA	A
SS TWP		~
SS TWP SSLYN FARMS BORO	PA	A
	PA	A
	PA	A
	PA	A
WICKLEY HEIGHTS BORO	PA	A
WICKLEY HILLS BORO	PA	Α
ALER TWP	PA	Α
ARPSBURG BORO	PA	Α
UTH FAYETTE TWP	PA	Α
UTH PARK TWP	PA	Α
OWE TWP	PA	Α
/ISSVALE BORO	PA	Α
ORNBURG BORO	PA	Α
RTLE CREEK BORO	PA	A
PER ST CLAIR TWP	PA	Ā
LL BORO	PA	A
ST DEER TWP	PA PA	
ST HOMESTEAD BORO		A
	PA	Α
HITEHALL BORO	PA	Α
ILKINS TWP	PA	Α
LKINSBURG BORO	PA	Α

	WILMERDING BORO	PA	Α	
l				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	Verizon Pennsylvania L	LC							0628			
_	SECONDARY TRANSMISSION	N SERVICE: S	UBSCF	RIBERS AND F	ATES							
E	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											
Secondary	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).											
Transmission							L.L					
Service: Sub- scribers and	<b>Number of Subscribers:</b> 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											
Rates	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											
Rates	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 dis											
	Block 1: In the left-hand block	•		0		,						
	systems most commonly provid that applies to your system. <b>No</b>											
	categories, that person or entity			-		-						
	subscriber who pays extra for c											
	first set" and would be counted											
	Block 2: If your cable system	has rate categ	ories fo	or secondary tra	ansmissio	n service that are	e different	from those				
	printed in block 1 (for example,											
	with the number of subscribers	and rates, in th	e right-	-hand block. A	wo- or thr	ee-word descrip	tion of the	service is				
-	sufficient.	0.014.4			1							
	BL	OCK 1 NO. OF		1			BLOC	K 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set	11	0.680	\$ 45.35								
	Service to additional set(s)		.,	· ·····								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		1,657	\$ 35.00								
	Converter											
	Residential											
	Non-residential											
				•								
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RATI	S							
F	In General: Space F calls for ra	ate (not subscri	ber) inf	formation with r	espect to	all your cable sy	stem's sei	rvices that were				
F	not covered in space E, that is,											
0	service for a single fee. There a											
Services Other Than	furnished at cost or (2) services amount of the charge and the u											
Secondary	•		susuali	y billed. If ally i	ales ale t	sharyeu on a var	lable per-	program basis,				
occontaary	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.											
ransmissions:	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
ransmissions: Rates		listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
	Block 2: List any services that		ge was	made or estab	lished. Lis	at these other ser	rvices in th	ne form of a				
	Block 2: List any services that	separate char	-		lished. Lis	st these other se	rvices in th	ne form of a				
	<b>Block 2:</b> List any services that listed in block 1 and for which a	separate char ption and inclu	de the		lished. Lis	st these other se	rvices in th					
	<b>Block 2:</b> List any services that listed in block 1 and for which a	separate char ption and inclu BLO	de the CK 1	rate for each.				BLOCK 2				
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descri	separate char ption and inclu	de the CK 1 CATE		VICE	st these other se						
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	separate char ption and inclu BLO RATE	de the CK 1 CATE Install	rate for each. GORY OF SEF	VICE		CATEGO	BLOCK 2				
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services:	separate char ption and inclu BLO RATE	de the CK 1 CATE Install	rate for each. GORY OF SEF lation: Non-res	VICE		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable	separate char ption and inclu BLO RATE	de the CK 1 CATE Install • Mo • Co	rate for each. GORY OF SEF lation: Non-res otel, hotel	VICE		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate char ption and inclu BLO RATE	de the CK 1 CATE Install • Mo • Co • Pa	rate for each. GORY OF SEF lation: Non-res otel, hotel ommercial	VICE sidential		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate char ption and inclu BLO RATE	de the CK 1 CATE Install • Mo • Co • Pa • Pa	rate for each. GORY OF SEF lation: Non-res otel, hotel ommercial by cable	VICE sidential		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	separate char ption and inclu BLO RATE	de the CK 1 CATE Install • Mo • Co • Pa • Pa • Fir	rate for each. GORY OF SEF lation: Non-res otel, hotel ommercial ay cable ay cable-add'l c	VICE sidential		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	separate char ption and inclu BLO RATE \$ 15.00	de the CK 1 CATE Install • Cc • Pa • Pa • Fir • Bu	rate for each. GORY OF SEF lation: Non-res otel, hotel ommercial by cable by cable-add'l c re protection	VICE sidential		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate chan ption and inclu BLO RATE \$ 15.00 \$ 99.00	de the CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other	rate for each. GORY OF SEF lation: Non-reso btel, hotel ommercial by cable by cable-add'l c re protection irglar protectior	VICE sidential		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chan ption and inclu BLO RATE \$ 15.00 \$ 99.00	de the CK 1 CATE Install • Mc • Cc • Pa • Pa • Fir • Bu Other • Re	GORY OF SEF lation: Non-resolution: Non-resolution backet, hotel ommercial by cable by cable-add'I c re protection orglar protection services:	VICE sidential		CATEGO	BLOCK 2 DRY OF SERVIC				
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chan ption and inclu BLO RATE \$ 15.00 \$ 99.00	de the CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re • Dis	GORY OF SEF lation: Non-resolution: Non-resolution back of the second se	VICE sidential		CATEGO	BLOCK 2 DRY OF SERVIC				

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2		
Fios Current TV	N/A	45.00
Fios Current TV for Bar/Restaurant	N/A	45.00
Fios TV Local	25.00	35.00
FIOS TV Local for Bar/Restaurant	N/A	35.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	95.00
Fios TV Extreme HD	79.99	115.00
Fios TV Ultimate HD	89.99	125.00
Fios Local TV	65.00	N/A
Fios TV Test Drive	80.00	N/A
Your Fios TV	80.00	N/A
More Fios TV	100.00	N/A
The MostFios TV	120.00	N/A
Fios TV Mundo Total	120.00	N/A
Fios TV Mundo	100.00	N/A
Your Fios TV Spotlight Package	80.00	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate HD Customers)	N/A	Included
Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
EPIX	15.00	15.00
HBO Mar	15.00	15.00
HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00 N/A	N/A
Spanish Language Package	N/A N/A	Varies 34.99
Music Choice Package Internaltional Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
·	Varies	Varies
Pay Per View MLB Extra Innings	139.99	Varies
MLB Extra minings MLS Direct Kick	89.00	N/A
NBA League Pass	199.00	Varies
NBA League Pass NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00
	10.00	10.00

Category of Service	Residential Rate	Commercial Rate
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
,		
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
	<b>.</b>	4. a
Verizen Beuter	\$18 rental, \$399.99 purchase	\$18 rental,
Verizon Router		
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	7.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00 N/A	69.99
Peak-Time Installation		49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00 N/A	69.99
Existing Outlet Connection Subsequent		34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A N/A	25.00 15.00
Expedited Shipping Charge (additional) Set-Top Box Addition (self-install)	N/A N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	50.00	50.00
TV Equipment Tech Install	up to \$100	N/A
Seasonal Service Suspension	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged FIOS Quantum Router	100.00	N/A
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged CableCARD	70.00	70.00
Unreturned/Damaged Digital Adapter	90.00	90.00
Unreturned/Damaged STB SD	160.00	160.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00
· •		

FORM SA3E. PAGE 3.		OTEM			OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID# 062897	Name
					002037	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 Substitute program bas <b>Substitute Basis S</b> basis under specifc FC Do not list the station station was carried List the station here, i basis. For further in in the paper SA3 fo <b>Column 1:</b> List eac each multicast stream cast stream as "WETA WETA-simulcast).	G, identify ever system during to ions in effect o i.61(e)(2) and sis, as explaine <b>itations:</b> With CC rules, regul here in space only on a subs and also in sp formation cond rm. h station's call associated with -2". Simulcast	y television s the accountin n June 24, 19 (4), or 76.63 ed in the next G—but do li titute basis ace I, if the si cerning subst sign. Do not h a station au streams mus	ng period excep 981, permitting (referring to 76. t paragraph ny distant station horizations: st it in space I (i tation was carrie titute basis station report origination ccording to its o st be reported in	t (1) stations carri the carriage of ce 61(e)(2) and (4))] ns carried by your the Special Stater ed both on a subs ons, see page (v) on program servio over-the-air design a column 1 (list ea	ns and low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions locatec ess such as HBO, ESPN, etc. Identify nation. For example, report multi ch stream separately; for example	G Primary Transmitters: Television
			-		ation for broadcasting over-the-air ir s may be different from the channe	
(for independent multic For the meaning of the <b>Column 4:</b> If the sta planation of local servi <b>Column 5:</b> If you ha	cast), "E" (for r ese terms, see ation is outside ce area, see p ave entered "Y ne distant stati	oncommerci page (v) of the the local se age (v) of the ces" in column on during the me basis bec	al educational), he general instru- rvice area, (i.e. e general instruc- n 4, you must co accounting per cause of lack of	or "E-M" (for non uctions located in "distant"), enter " ctions located in ti omplete column 5 riod. Indicate by e activated channe	Yes". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	
of a written agreement he cable system and a ion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C	entered into c a primary trans simulcasts, als iree categories e location of ea Canadian statio	n or before J smitter or an a o enter "E". I s, see page (\ ach station. F ons, if any, gi	lune 30, 2009, b association repr f you carried the v) of the genera or U.S. stations ve the name of	between a cable s resenting the prime e channel on any l instructions loca s, list the commun the community w	Ity payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifed	
of a written agreement the cable system and a ion "E" (exempt). For s explanation of these th <b>Column 6:</b> Give the FCC. For Mexican or C	entered into c a primary trans simulcasts, als iree categories e location of ea Canadian statio	n or before J smitter or an a o enter "E". I s, see page (\ ach station. F ons, if any, gi nnel line-ups	lune 30, 2009, b association repr f you carried the v) of the genera or U.S. stations ve the name of	between a cable s resenting the prime channel on any l instructions loca s, list the commun the community w e space G for eac	Ity payment because it is the subjec ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the ith which the station is identifed	
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	ER OF CABLE SY				SYSTEM ID#	Namo
Verizon Pennsy					062897	
Verizon Pennsy PRIMARY TRANSMITTE In General: In space O arried by your cables FCC rules and regulation (6.59(d)(2) and (4), 76 substitute program base Substitute Basis S asis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each multicast stream ast stream as "WETA VETA-simulcast). Column 2: Give the son which your cable sy Column 3: Indicate educational station, by for independent multic for the meaning of the Column 4: If the sta- banation of local servi Column 5: If you has	Vivania LLC ERS: TELEVISI G, identify even system during ions in effect c 6.61(e)(2) and sis, as explained tations: With CC rules, regul here in space only on a subs and also in sp formation con rm. th station's cal associated wi -2". Simulcast e channel num- se. For exampl stem carried t in each case e entering the l cast), "E" (for r set terms, see ation is outside ce area, see p ave entered "Yn he distant stati	ON ry television s the accountin on June 24, 19 (4), or 76.63 ed in the next respect to an ations, or aut e G—but do li stitute basis ace I, if the si cerning subst I sign. Do not th a station au streams mus aber the FCC le, WRC is Cl the station whether the se etter "N" (for in honcommercial page (v) of the ces" in column fon during the	ing period except 981, permitting (referring to 76. ; paragraph by distant station horizations: st it in space I (if tation was carried itute basis station report origination coording to its on st be reported in has assigned to hannel 4 in Was station is a network), "N-M" al educational), he general instru- rvice area, (i.e. e general instruc- n 4, you must co- e accounting period	t (1) stations carri the carriage of ce 61(e)(2) and (4))] ns carried by your the Special Stater ed both on a subs ons, see page (v) on program service over-the-air design a column 1 (list ea o the television station, an indi- york station, an indi- (for network mult or "E-M" (for non- uctions located in to omplete column 5 riod. Indicate by e	<b>D62897</b> In sand low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a r cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located the general instructions located ess such as HBO, ESPN, etc. Identify nation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air ir s may be different from the channe dependent station, or a noncommercia icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (res". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you intering "LAC" if your cable syster	Namo
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U.S. Copyright Office

ACCOUNTING PER	100. 2022/2							FORM SA3E. PAGE 4.			
	LEGAL NAME OF	OWNER OF CAE	BLE SYSTE	EM:				SYSTEM ID#			
Name	Verizon Per	nnsylvania	LLC					062897			
		,									
H Primary Transmitters:	<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.</li> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,</li> </ul>										
Radio				eived at the headend, with the							
				e Copyright Office regulations							
	located in the p				• •	10()	0				
				each station carried.							
				on is AM or FM.							
				nal was electronically proces	sed by the cable	e system as a	separate	e and discrete			
				ck mark in the "S/D" column.							
				tion (the community to which t			CC or, I	n the case of			
	iviexican or Cal	nadian station	s, ii any	, the community with which the	e station is ident	illed).					
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
	ONEL OIGH		0/0		ONEL OIGH		0,0				
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FORM SA3E. PAGE 5.								PERIOD: 2022/2
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							Name	
Verizon Pennsylvania LLC 062897								
SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
In General: In space I, identi substitute basis during the ac explanation of the programm form.	counting pe	eriod, under spe	cific present and former FC	C rules, reg	gulations, or	authorizations	. For a further	Substitute
1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					Carriage: Special
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?     Yes XNo								
Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer i	s "Yes," yo	u must com	plete the prog	ram	
log in block 2. 2. LOG OF SUBSTITUTE								
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no distant stat gulations, of tition. Do no Lucy" or "Nf m was broa sign of the adcast stati hadian station th and day ve "5/7." es when the Example: a ter "R" if the and regulati rogramming	onnetwork televition and that your authorization of use general BA Basketball: dcast live, enterstation broadcon's location (toons, if any, the when your system substitute program carrow listed prog	vision program (substitute our cable system substitute ns. See page (vi) of the ge categories like "movies", of 76ers vs. Bulls." er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° n was substituted for prog uring the accounting period	ed for the neral instr or "baskett 'No." e station is e station is e station is e station s e program. r cable sys :15 p.m. to ramming tl d; enter th	programmin uctions loca ball". List sp identified). Use numer tem. List the b 6:28:30 p.1 hat your sys e letter "P" i	g of another s ted in the pap ecific progran / the FCC or, als, with the n e times accura m. should be tem was requ f the listed pro	station er n in nonth ately ired	
SUBSTITUTE PROGRAM WHEN SUBSTITUTE 7. REASON								
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONT	Н 6.	TIMES	- FOR DELETION	
	Yes or No	CALL SIGN	4. STATION S LOCATION	AND DA	r FROM	— то		
						<u> </u>		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Name	Verizon Per	insylvania Li	LC						062897	
		-								
J Part-Time Carriage Log	<ul> <li>PART-TIME CARRIAGE LOG</li> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- curred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app."</li> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m."</li> </ul>									
			DATES	AND HOURS	DF F	PART-TIME CAF	RRIAGE			
		WHEN	I CARRIAGE OCCU	JRRED			WHEN	I CARRIAGE OC	CURRED	
	CALL SIGN		HOU	RS		CALL SIGN	DATE	HOURS		
		DATE	FROM	то			DATE	FROM	то	
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FORM	SA3E. PAGE 7.				-	
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#	Name
Ver	izon Pennsylvania LLC				062897	Nume
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.						
			·	5	. ,	
<ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If you fee</li> <li>If you</li> </ul>	<b>(RIGHT ROYALTY FEE</b> <b>ctions</b> : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying this form and attach the schedule to your statement of account.				9	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e enter	ed on	line 1 of		
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	enterec	d on lin	e 2 in block	(	
▶ If pa	low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entere	d on line		
	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.					
	Line 1. Enter the amount of gross receipts from space K		\$	45,759	9,198.04	
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.					
	This is your minimum fee.	\$		486	6,877.87	
	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> <li>X No—Leave block 3 below blank and complete the DSE schedule.</li> </ul>	nn 4, ya od?	ou mus	st check		
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$		-	
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero				0.00	
	Line 3. Add lines 1 and 2 and enter here	\$			-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	486	6,877.87	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r			0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)				0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE		\$		725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here	\$		487	7,602.87	appropriate form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. ( general instructions located in the paper SA3 form for more information.)	See pa	age (i) (	of the		additional fees.

## ACCOUNTING PERIOD: 2022/2

ACCOUNTING PERIO	50. 2022/2		FORM SA3E. PAGE 8						
Name	LEGAL NAME OF OWNER OF CABLE S	YSTEM:	SYSTEM ID#						
Name	Verizon Pennsylvania LL	2	062897						
M	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.								
Unanneis	1. Enter the total number of channels on which the cable       33         system carried television broadcast stations       33								
	-	ctivated channels carried television broadcast stations	530						
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.)							
for Further Information	Name <b>Patrick Merri</b>	<b>K</b>	e <b>703-447-0209</b>						
	Address 22001 Loudo (Number, street, rural Ashburn, VA	route, apartment, or suite number)							
	(City, town, state, zip) Emailpatric	k.merrick@verizon.com Fax (optional)							
0	CERTIFICATION (This statem	ent of account must be certifed and signed in accordance with Copyright Office rec	gulations.)						
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)								
	Owner other than corpor	ation or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or						
		n corporation or partnership) I am the duly authorized agent of the owner of the cable that the owner is not a corporation or partnership; or	e system as identified						
	(Officer or partner) I am a in line 1 of space B.	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wner of the cable system						
	<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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>								
	x	/s/ Christy K. Reyes							
	(e.g., /s	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor hen type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus cor							
	Typed or printed name: Christy K. Reyes								
	Title:	Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)							
	Date:	February 28, 2023							
		ed States Code authorizes the Copyright Offce to collect the personally identifying informat is any personal information that can be used to identify or trace an individual, such as nar							

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 telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t 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 lay

legal name of owner of cable system: Verizon Pennsylvania LLC	SYSTEM ID# 062897	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cab service of providing secondary transmissions of primary broadcast transmitters, the sy scribers and amounts collected from subscribers receiving secondary transmissions p	le system for the basic /stem shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the ge paper SA3 form.	neral instructions in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?	secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late provide the page (viii) of the general instructions in the page (viii) of the general instructing (viii) of the general i		Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	. <u> </u>	
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	\$-	
	(interest charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . Fo contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	or further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day la	te.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the please list below the owner, address, first community served, accounting period, and ID number filing.		
Owner Address		
First community served		
Accounting period		
ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the perso		

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.