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

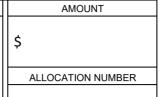
## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED 8/28/2023



Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
<b>D</b>		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	
В		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.	
		Charly have if this is the system's first filing. If pat, aptor the system's ID pumber assigned by the Licensing Division	30530
		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	
		MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl	ess these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	
		MAILING ADDRESS OF CABLE SYSTEM:	
		P.O. BOX 249	
	2	(Number, street, rural route, apartment, or suite number)	
		EXCELSIOR SPRINGS, MO 64024 (City, town, state, zip code)	
	1	h	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)	30530
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	me parks should be reported in parentheses below the identified
Serveu		
	CITY OR TOWN	STATE
First	BURLINGTON	KS
Community	BALDWIN CITY BURLINGAME	KS KS
	CARBONDALE	KS
d Rows as Necessary	EDGERTON	KS
	GRIDLEY	KS
	LEBO	KS
	LEROY	KS
	LYNDON	KS
	NEW STRAWN	KS
	OSAGE CITY	KS
	SCRANTON	KS
	WELLSVILLE	KS

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	TEM ID
Name	MEDIACOM SOUTHEAS			TON, KS)				010	3053
				,,					
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p	bay cable) in sp	ace F,	not here. All the	facts you	i state must be			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla avatam	brokon	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	,		0 / 3		•			
	separately for the particular serv							wa and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-					-	
	category, but do not include disc				iy standa		5 Within a		
	Block 1: In the left-hand block	in space E, the	e form	lists the categor					
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	,	5						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		816	29.95-56.49					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	29.95-56.49					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATES					
F	In General: Space F calls for rate		'		•				
•	not covered in space E, that is, t service for a single fee. There a					,			
Services	furnished at cost or (2) services	•			0		• •	,	
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	tes are ch	arged on a vari	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate		ne cabl	e system for ea	ch of the	annlicable servi	cas listad		
Rates	Block 2: List any services that			-				t were not	
	listed in block 1 and for which a	separate charg	e was i	made or establis	hed. List	these other ser	vices in th	e form of a	
		المتنا متكالم منح المتعالية	e the ra						
	brief (two- or three-word) descrip	ption and includ		ate for each.					
	brief (two- or three-word) descrip	BLOC		ate for each.				BLOCK 2	
	CATEGORY OF SERVICE	BLOC RATE	CK 1 CATEC	GORY OF SERV		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	BLOC RATE	CK 1 CATEC	GORY OF SER\ ation: Non-resi		RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE PP	CK 1 CATEC Install • Mo	GORY OF SER\ ation: Non-resi tel, hotel		RATE	CATEG	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE	CK 1 CATEC Install • Mo • Co	GORY OF SER\ ation: Non-resi tel, hotel mmercial		RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE PP	CK 1 CATEC Install • Mo • Co • Pa	GORY OF SERV ation: Non-resi Itel, hotel mmercial y cable	dential	RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC RATE PP	CK 1 CATEC Install • Mo • Co • Pa • Pa	GORY OF SERV ation: Non-resi otel, hotel mmercial y cable y cable-add'l cha	dential	RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE PP PP	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire	GORY OF SERV ation: Non-resi ttel, hotel mmercial y cable y cable-add'l cha e protection	dential	RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE PP PP 109.99	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	GORY OF SERV ation: Non-resi otel, hotel mmercial y cable y cable-add'l cha	dential	RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE PP PP 109.99	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	GORY OF SERV ation: Non-resi ttel, hotel mmercial y cable y cable-add'l cha e protection rglar protection	dential	RATE		ORY OF SERVICE	
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE PP PP 109.99	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu • Bu • Re	GORY OF SERV ation: Non-resi itel, hotel mmercial y cable y cable-add'I cha e protection rglar protection services:	dential			ORY OF SERVICE	
	CATEGORY OF SERVICE 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)	BLOC RATE PP PP 109.99 49.00	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu Other • Re • Dis	GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'I cha e protection rglar protection services: connect	dential			ORY OF SERVICE	

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	MEDIACOM SOUTHEA	AST LLC (BURLINGTON, KS)		305
	PRIMARY TRANSMITTERS:	TELEVISION		
G			translator stations and low power telev	
U			t (1) stations carried only on a part-tim he carriage of certain network program	
Primary	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 station	
Fransmitters: Television		explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a subst	itute program
		les, regulations, or authorizations:	ne Special Statement and Program Lo	a∖_if the
	station was carried only on a	a substitute basis.		
			d both on a substitute basis and also o see page (v) of the general instruction	
			program services such as HBO, ESPN	
	"WETA-2" as the same on the	he form.	e-air designation. For example, report	
		I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over the	e air in its community
	Column 3: Indicate in each	case whether the station is a network	station, an independent station, or a ne	
			(for network multicast), "I" (for indepen or "E-M" (for noncommercial educatio	
	For the meaning of these ter	rms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	
			the community to which the station is he community with which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT/KCPT (HD) PBS	18	E	KANSAS CITY, MO
	KCPT-DT2 PBS Encore	18.2	E-M	KANSAS CITY, MO
	KCPT-DT3 Create	18.3	E-M	KANSAS CITY, MO
	KCPT-DT4 PBS Kids	18.4	E-M	KANSAS CITY, MO
	KCTV/KCTV (HD) CBS	24	N	KANSAS CITY, MO
	KCTV-DT2 Circle	24.2	I-M	KANSAS CITY, MO
	KCTV-DT3 This TV	24.3	I-M	KANSAS CITY, MO
	KCTV-DT4 Quest	24.4	I-M	KANSAS CITY, MO
d Rows as Necessary	KCWE (CW)/ KCWE HD	31	I	KANSAS CITY, MO
	KCWE-DT2 True Crime Netw	31.2	I-M	KANSAS CITY, MO
	KGKC Telemundo	39	I	KANSAS CITY, MO
	KMBC/KMBC (HD) ABC	29	N	KANSAS CITY, MO
	KMBC-DT2 MeTV	29.2	I-M	KANSAS CITY, MO
	KMCI/ KMCI HD (IND)	41	I	LAWRENCE, KS
	KMCI-DT2 Bounce TV	41.2	I-M	LAWRENCE, KS
	KMCI-DT3 ION Mystery	41.3	I-M	LAWRENCE, KS
	KPXE (ION)/ KPXE ION HD	51		KANSAS CITY, MO
	KPXE-DT2 Court	51.2	I-M	KANSAS CITY, MO
			I-M	1
	KPXE-DT3 Defy TV	51.3		KANSAS CITY, MO
	KPXE-DT4 Scripps News	51.4	I-M	KANSAS CITY, MO
	KPXE-DT5 JTV	51.5	I-M	KANSAS CITY, MO
	KSHB/KSHB (HD) NBC	42	N	KANSAS CITY, MO
			I-M	KANSAS CITY, MO
	KSHB-DT2 Grit	42.2		
	KSHB-DT4 getTV	42.4	I-M	KANSAS CITY, MO
	KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD)	42.4 47	I	KANSAS CITY, MO
	KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 theGrio	42.4 47 47.2	I I-M	KANSAS CITY, MO Kansas City, Mo
	KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD)	42.4 47	I	KANSAS CITY, MO
	KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 theGrio	42.4 47 47.2	I I-M	KANSAS CITY, MO Kansas City, Mo
	KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 theGrio KSMO-DT3 DABL	42.4 47 47.2 47.3	I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KSHB-DT4 getTV KSMO/KSMO (MyNET) (HD) KSMO-DT2 theGrio KSMO-DT3 DABL KSMO-DT4 Cozi TV	42.4 47 47.2 47.3 47.4	I I-M I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	MEDIACOM SOUTHEA	AST LLC (BURLINGTON, KS)		3053
	PRIMARY TRANSMITTERS:	TELEVISION		
G			translator stations and low power telev t (1) stations carried only on a part-time	
			he carriage of certain network program	
Primary insmitters: elevision	substitute program basis, as	explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain static arried by your cable system on a subst	
	basis under specific FCC rul • Do not list the station here	es, regulations, or authorizations: in space G—but do list it in space I (th	ne Special Statement and Program Log	
	<ul> <li>station was carried only on a</li> <li>List the station here, and al</li> </ul>		d both on a substitute basis and also or	n some other
	basis. For further information	n concerning substitute basis stations,	see page (v) of the general instruction program services such as HBO, ESPN,	IS.
	multicast stream associated	with a station according to its over-the	e-air designation. For example, report	
		I number the FCC assigned to the tele	evision station for broadcasting over the	e air in its community
		RC is channel 4 in Washington, D.C.	station, an independent station, or a no	prommercial
	educational station, by enter	ing the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	dent), "I-M"
		"E" (for noncommercial educational), rms, see page (iv) of the general instru	or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	nal multicast).
	Column 4: Give the location	of each station. For U.S. stations, list	the community to which the station is I	
	FCC. For Mexican or Canadi	ian stations, if any, give the name of t	ne community with which the station is	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 49.2	3. TYPE OF STATION	4. LOCATION OF STATION TOPEKA, KS
	KTKA-DT2 DABL	49.2	I-M	TOPEKA, KS
	KTKA-DT2 DABL KTKA-DT3 CW	49.2 49.3	I-M	TOPEKA, KS TOPEKA, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna	49.2 49.3 49.4	FM FM FM	TOPEKA, KS TOPEKA, KS TOPEKA, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX	49.2 49.3 49.4 43	IM IM I	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery	49.2 49.3 49.4 43 43.2	I-M I-M I I I-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit	49.2 49.3 49.4 43 43 43.2 43.3	I-M I-M I I I-M I-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Leff	49.2 49.3 49.4 43 43 43.2 43.3 43.4	I-M I-M I I I-M I-M I-M I-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTMJ-DT4 Laff	49.2 49.3 49.4 43 43 43.2 43.3 43.3 43.4 11	I-M I-M I I I-M I-M I-M I-M I-M I-M I-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTMU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W	49.2 49.3 49.4 43 43 43.2 43.3 43.4 11 11.2	I-M I-M I I I-M I-M I-M I-M E E E-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTMU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MH2 W KTWU-DT3 Enhance	49.2 49.3 49.4 43 43 43.2 43.3 43.4 11 11.2 11.3	HM HM HM I I HM HM HM E E E-M E-M	ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MH2 W KTWU-DT3 Enhance WDAF/WDAF (HD) FOX	49.2 49.3 49.4 43 43.2 43.3 43.4 11 11.2 11.3 32	HM HM HM I I HM HM E E H E-M I	ТОРЕКА, КS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS ТОРЕКА, KS КАNSAS CITY, MO
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT3 Grit KTMU-DT3 Grit KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT2 Antenna	492 49.3 49.4 43 43 432 43.3 43.4 11 11.2 11.3 32 32 22.2	HM HM HM I HM HM E E-M I H HM	ТОРЕКА, KS ТОРЕКА, KS КАNSAS CITY, MO КАNSAS CITY, MO
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT3 COMMARK KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT3 Court TV	492 493 494 43 43 432 433 434 11 112 113 32 32 322 323	HM HM HM I HM HM E E H E H I H H H H	TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Grit KTMJ-DT3 Grit KTMU-DT3 Grit KTWU/KTWU (HD) PBS KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT3 Court TV WDAF-DT3 Court TV	492 493 494 43 43 432 433 434 11 112 113 32 32 322 323 324	HM HM HM I HM HM E E-M I H H H H H	TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 Cint KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT3 Enhance WDAF/WDAF (HD) FOX WDAF-DT3 Court TV WDAF-DT3 Court TV WDAF-DT4 TBD WBW/WBW (HD) CBS	492 493 494 43 43 432 433 432 433 434 11 112 113 32 322 323 322 323 324 13 132	HM HM HM I HM HM E E-M E-M I HM HM HM HM HM N	TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO TOPEKA KS
	KTKA-DT2 DABL KTKA-DT3 CW KTKA-DT4 Antenna KTMJ/KTMJ (HD) FOX KTMJ-DT2 ION Mystery KTMJ-DT3 CIN Mystery KTMJ-DT3 Grit KTMJ-DT4 Laff KTWU/KTWU (HD) PBS KTWU-DT2 PBS KIDS/MHz W KTWU-DT3 Enhance WDAF-DT3 Enhance WDAF-DT3 Enhance WDAF-DT3 Court TV WDAF-DT3 Court TV WDAF-DT4 TBD WIBW/WIBW (HD) CBS WIBW-DT2 MyNet MeTV	492 493 494 43 43 432 433 434 11 112 113 32 32 322 323 324 13	IM       IM       IM       I       IM       IM       E       E-M       E-M       I       IM       IM	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO TOPEKA KS TOPEKA KS

Accounting P	Period: 2023	/1					FOR	M SA1-2E. PAGE 4
LEGAL NAME O	F OWNER OF	CABLE S	YSTEM:					SYSTEM ID:
MEDIACOM	SOUTHEAS	STLLC	(BURLINGTON, KS)					3053
	t every radio s	tation ca	rried on a separate and discre					Н
receivable if (1) on the basis of For detailed info paper SA1-2 for	it is carried by monitoring, to ormation abou rm.	y the sys be recei it the Cc	<b>-Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried.	the system's he system's FM ante	adend, and (2 nna, during ce	) it can b ertain sta	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing Give the station	he statio ion's sigi g a checl n's locati	n is AM or FM. nal was electronically processo k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
						<u> </u>		

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	MEDIACOM SOUTHEA	ST LLC (I	BURLINGTO	N, KS)				30530
1	SUBSTITUTE CARRIAGE					be that your	achla avatan	a corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion progran	n
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	3
	clear. If you need more spa Column 1: Give the title			ows to the tables. sion program ("substitute	program") the	at during the	e accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gen	eral instructio	ns for furthe	er informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lo	ove Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "I	No."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the community with which the			e FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv					1 :- 4 41 4:		h.,
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ely
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		,			5		
							TUTC	
		UBSTITUT	E PROGRAM			EN SUBSTI IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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Accounting Period:	2023/1			FORMS	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (BURLINGTON, KS)			\$	30530 SYSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified 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	ystem's see on of how to	condary transmi compute this a	ssion service mount, see \$ 3!	52,611.69 ross receipts)
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 i	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	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 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	352,611.69		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	88,811.69		
	4. Multiply line 3 by .01		\$	888.12	
	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	, 5, and 6		\$	2,207.12
	FILING FEE AND TOTAL REMITTANCE DU	E			
Elling Franklin					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,207.12	
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			\$	2,227.12
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: DUTHEAST LLC (BURLINGTON, KS)		SYSTEM ID# 30530
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	ou must give (1) the number of channels on which s, and (2) the cable system's total number of activ I number of channels on which the cable d television broadcast stations	ated channels during the accounting period.	65
N Individual to		BE CONTACTED IF FURTHER INFORMATION about this statement of account.)	IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Kenneth J. Kohrs	Tek	ephone 845-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartment, or suite number) Mediacom Park, NY 10918 (City, town, state, zip)		
	Email	Copyrights@mediacomcc.com	Fax (optional	
	CERTIFICATION	This statement of account must be certified and s	igned in accordance with Copyright Office regula	ations)
O Certification	(Own X (Ager (Offi • I have examine are true, compl	d, hereby certify that (Check one, <i>but only one</i> , of the rother than corporation or partnership) I am the of owner other than corporation or partnership) in line 1 of space B and that the owner is not a corp- er or partner) I am an officer (if a corporation) or a p in line 1 of space B. the statement of account and hereby declare under te, and correct to the best of my knowledge, informa on 1001(1986)]	owner of the cable system as identified in line 1 of I am the duly authorized agent of the owner of the oration or partnership; or partner (if a partnership) of the legal entity identified penalty of law that all statements of fact contained	cable system as identified d as owner of the cable system
		Enter an electronic si	neth J. Kohrs gnature on the line above to certify this statement. ; an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Kenne	th J. Kohrs	
			esident, Financial Reporting	
		Date:	8/4/2023	

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: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DIACOM SOUTHEAST LLC (BURLINGTON, KS)	3053
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	
Name Name Mailing Address Mailing Address	-
<b>INTEREST ASSESSMENT</b> 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.	Q Interest Assessment
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
	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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