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	AMOUNT				
07/21/23	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
Accounting 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	
	Oneida Cablevision Inc.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box 445 (Number, street, rural route, apartment, or suite number)	
	Oneida, IL 61467 (City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these unes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

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

LEGAL NAME OF CARLE SYSTEM. DEAL NAME OF CARLE SYSTEM. Instructions: List each separate community served by the cable system. A "community" is the same as a "community mill" as defined in ECT. Instructions: List each separate community served by the cable system. A "community" is the same as a "community mill" as defined in ECT. Instructions: List each separate community that you list will serve as a form of system identification hereafter known as the "filt community." Heave set is the first community on all future frings. Note: Entitles and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident ofty. CITY OR TOWN STATE First CITY OR TOWN STATE CITY OR TOWN STATE First COMMUNITY RIO IL WATAGA IL WOODHUL ALPHA IL WOODHUL ALPHA IL NORTH HERDRESON IL WOODHUL LIL ALPHA IL NORTH HERDRESON IL LITTLE YORK IL LAKE WARREN-HOMMOUTH IL LAKE BRACKEN-CALESBURG IL JOY IL LOY LAKE BRACKEN-CALESBURG IL GLADA GLAD		T	FORM SA1-2E. PAG
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated ormunities within unincorporated areas and including single, disc 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 ident city. CITY OR TOWN STATE COMMUNITY RIO IL WATAGA IL WOODHULL IL NEW WINDSOR IL NORTH HENDERSON IL KEITHSBURG IL NORTH HENDERSON IL LITTLE YORK LITTLE YORK LITTLE YORK LITTLE YORK LIAKE WARREN-MONMOUTH IL KIRKWOOD LIAKE BRACKEN-GALESBURG IL CAMERON LAKE BRACKEN-GALESBURG IL CLOBA IL CLOBA IL CANTON IL WEEMATUK BIGGSVILLE IL SEATON IL VERMONT IL LIL LIL LIL LIL LIL LIL LI	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
separate and distinct community or municipal entity (including unincorporated areas and including single, disc 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 "fit 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 ident city. CITY OR TOWN STATE CITY OR TOWN STATE CITY OR TOWN STATE CITY OR TOWN STATE ONEIDA IL WATAGA IL WATAGA IL WATAGA IL NOW WINDSOR IL ALPHA IL NORTH HENDERSON IL KEITHSBURG IL NEW BOSTON IL LITTLE YORK IL LAKE WARREN-MONMOUTH IL KIRKWOOD IL KIRKWOOD IL CAMERON IL GLAKE BRACKEN-GALESBURG IL GLABSTONE IL COUBA IL CANTON IL FIATT IL WEEMATUK IL WEEMATUK IL WEEMATUK IL SEATON IL VERMONT IL			
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 "fi 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 ident city. CITY OR TOWN STATE CITY OR TOWN STATE CITY OR TOWN IL CITY OR TOWN IL CITY OR TOWN IL CITY OR TOWN IL WATAGA IL WATAGA IL WOODHULA IL NEW WINDSOR IL ALPHA IL ALPHA IL NORTH HENDERSON IL KEITHSBURG IL NEW BOSTON IL LITTLE YORK IL LAKE WARREN-MONMOUTH IL KIRKWOOD IL KIRKWOOD IL CAMERON IL CAMERON IL LAKE BRACKEN-GALESBURG IL GLADSTONE IL CUBA IL CANTON IL WEEMATUK IL WEEMATUK IL WEEMATUK IL SEATON IL VERMONT IL	_		
Area Served 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 identicity. CITY OR TOWN STATE CITY OR TOWN IL CITY OR TOWN IL RIO IL WATAGA IL WATAGA IL WATAGA IL WOODHULL IL ALPHA IL NORTH HENDERSON IL KEITHSBURG IL NEW BOSTON IL LITTLE YORK IL LIKE WARREN-MONMOUTH IL KIRKWOOD IL KIRKWOOD IL LAKE WARREN-MONMOUTH IL KIRKWOOD IL CAMERON IL LAKE WARREN-MONMOUTH IL KIRKWOOD IL CAMERON IL CUBA IL GLADSTONE IL GLADSTONE IL GLADSTONE IL CUBA IL WEEMATUK IL WEEMATUK IL WEEMATUK IL SEATON IL WEEMATUK IL SEATON IL LIC SEATON IL SEATON IL LIC SEATON IL SEATON IL	D		
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Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

62560

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Oneida Cablevision Inc.

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					40-50
Service to first set	243	31.50/mth	Lifeline	660	mth
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	308	3.00/mth			
Converter					
Residential					
Non-residential					
l		T			1

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				55-110
• Pay cable	12-19/mth	Motel, hotel		$\ \ $	Expanded Cable	mth
 Pay cable—add'l channel 		Commercial		$ \ $	Expanded Digital	65-125
 Fire protection 		Pay cable		$ \ $		
Burglar protection		Pay cable-add'l channel		$\ \ $		
Installation: Residential		Fire protection		$ \ $		
• First set		Burglar protection		$ \ $		
 Additional set(s) 		Other services:		$\ \ $		
 FM radio (if separate rate) 		• Reconnect		$ \ $		
 Converter 		Disconnect		$\ \ $		
		Outlet relocation		$ \ $		
		Move to new address		$ \ $		

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Oneida Cablevision Inc.

FORM SA1-2E. PAGE 3.

SYSTEM ID#
62560

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, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WHBF-DT	4.1	N	ROCK ISLAND, IL
KWQC	6.1	N	DAVENPORT, IA
KWQC COZI TV	6.3	N	DAVENPORT, IA
WQAD	8.1	I-M	MOLINE, IL
WQAD-ATV	8.2	N	MOLINE, IL
WQAD-DT LP	8.3	I-M	MOLINE, IL
JUSTICE	8.4	I-M	MOLINE, IL
KIIN	12.1	E	IOWA CITY, IA
KLJB	18.1	N	DAVENPORT, IA
KGCW-ME TV	18.2	I-M	DAVENPORT, IA
COMET	19.1	N	PEORIA, IL
WQPT	24.1	E	MOLINE, IL
WQPT-DT2	24.2	E-M	MOLINE, IL
WEEK	25.1	N	PEORIA, IL
WEEK ABC	25.2	I-M	PEORIA, IL
WEEK CW	25.3	I-M	PEORIA, IL
WMBD	31.1	N	PEORIA, IL
BOUNCE TV	31.2	I-M	PEORIA, IL
KQIN	36.1	E	DAVENPORT, IA
KQIN-DT2	36.2	E-M	DAVENPORT, IA
KQIN-DT3	36.3	E-M	DAVENPORT, IA
KGCW-DT1	41.1	I-M	BURLINGTON, IA
KGCW-DT2	41.2	I-M	BURLINGTON, IA

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Oneida Cablevision Inc.

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#
62560

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, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WYZZ	43.1	I-M	BLOOMINGTON, IL
WTVP	47.1	E	PEORIA, IL
WTVP-DT2	47.2	E-M	PEORIA, IL
WTVP-DT3	47.3	E-M	PEORIA, IL
WMWC	53.1	I-M	GALESBURG, IL
WAOE	59.1	I-M	PEORIA, IL
WAOE-AT	59.2	I-M	PEORIA, IL

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62560

Oneida Cablevision Inc.

Н

PRIMARY TRANSMITTERS: RADIO

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.

Primary Transmitters: Radio

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, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
		 	 		 	 	
			 				
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U.S. Copyright Office

Accounting Perior	ng Period: 2023/1 FORM SA1-2E. PAGE 5.							
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Oneida Cablevision Inc							62560
1	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis eriod, under spe	ion program, broadcast by cific present and former F	<i>i</i> a <i>distant</i> stat CC rules, regu	lations, or a	uthorizations.	. For a further
Substitute					ie general ilis	il uctions in t	ne paper SA	1-2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting peri 		r cable system	carry, on a substitute ba	isis, any nonr	ietwork tele I	vision progra	
Program Log	broadcast by a distant stati	on?					YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	ge blank. If your answer i	s "Yes," you r	nust comple	ete the progr	am
	log in block 2.				•	·		
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. 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 period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do 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 the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
					TI WH	EN SUBST	TITUTE	
	S	UBSTITUT	E PROGRAM			RIAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	·	TIMES TO	DELETION
							_	
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Oneida Cablevision Inc.				SYSTEM ID: 62560			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's s tion of how	secondary transm to compute this a	nission service amount, see	75,723.09 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	0 but less th	nan \$527,600.	263,800.				
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00. Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and 1	n					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L							
	Base amount under statutory formula	,		· · · · · · · · · · · · · · · · · · ·				
	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 \$2	63,800 (bu	it less than \$527	7,600)				
	Enter the amount of gross receipts from space K	\$	275,723.09					
	Base amount under statutory formula	\$	263,800.00	_				
	3. Subtract line 2 from line 1	\$	11,923.09	_				
			\$	- 119.23				
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		<u> </u>	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines			0.00	1,438.23			
	FILING FEE AND TOTAL DEMITTANCE F	NIE.						
	FILING FEE AND TOTAL REMITTANCE D	DUE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	1,438.23				
Due	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			\$	1,458.23			
	EFT Trace # or TRANSACTION ID #	2	276NTLHD]				
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA1-2 form and the							

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.	
Name	LEGAL NAME OF OWNER OF OME ON One ida Cablevision Inc					SYSTEM ID# 62560	
M Channels	to its subscribers, and (2 1. Enter the total number system carried televisi 2. Enter the total number on which the cable sys	of channels on whice on broadcast station of activated channel tem carried television	total numb th the cable as		counting period.	30 151	
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this			RMATION IS NEEDED (Identify an inc	dividual		
for Further Information	Name Maliss	sa Gibson			Telephone	309-483-3111	
	(Number,	Highway St street, rural route, apartr a, IL 61467 n, state, zip) malissa@oneida		number)	Fax (optional 309-483-777	7	
	Email	aoa@onoid	4.01.00111		Tax (optional 3003 403 777)	,	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]						
		Typed or printed Title:	Enter an el Enter signa name:	/s/ Gary Peterson lectronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jo Gary Peterson ent lossition held in corporation or partnership)			
		Date:			7/21/2023		

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

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
eida Cablevision Inc.	62560
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.	P Special Statement Concerning Gross 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 Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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