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

### 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			
2/27/24	\$			
2/2//24	ALLOCATION NUMBER			

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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2023/2				
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 busines if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the covering the entire accounting the list is the system's first filling. If not, enter the system's ID.	ess of the cable syste on the last day of the cunting period.	m. e accounting period should su	•	063009
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Verizon Pennsylvania LLC				
				063009	920232
				063009	2023/2
	22001 Loudoun County Parkway				
	Ashburn, VA 20147				
	INSTRUCTIONS: In line 1, give any business or trade names used to it	dentify the busine	ss and operation of the sys	tem unless	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 (Harrisburg, PA) VHO 14				
	MAILING ADDRESS OF CABLE SYSTEM:				
	210 Pine Street (Number, street, rural route, apartment, or suite number)				
	Harrisburg, PA 17101				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	list on pag	e 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	CAMP HILL BORO	PA			
Community	Below is a sample for reporting communities if you report multiple cha	ı annel line-ups in S	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A		1
•	Alliance	MD	В		2
	Gering	MD	В		3

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.

FORM SA3E. PAGE 1b.			ACCOUNT	TING PERIOD: 2023/2
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Verizon Pennsylvania LLC			063009	
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first community."	orated communit t community that t community on	ties within unincorp t you list will serve all future filings.	oorated as a form	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should i	oe reported in pare	ntneses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releasing designated by a number (based on your reporting from Part 9).  When reporting the carriage of television broadcast stations on a community-by-c	e column blank. levant communit	If you report any sity with a subscribe	tations r group,	
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 be	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
CAMP HILL BORO	PA	Α		First
CARROLL TWP	PA	Α		Community
CONEWAGO TWP	PA	Α		
DERRY TWP	PA	Α		
DILLSBURG BORO	PA	Α		
EAST PENNSBORO TWP	PA	Α		See instructions for
FAIRVIEW TWP	PA	Α		additional information
HAMPDEN TWP	PA	Α		on alphabetization.
HIGHSPIRE BORO	PA	Α		
HUMMELSTOWN BORO	PA	Α		
LEMOYNE BORO	PA	Α		
LONDONDERRY TWP DAUPHIN	PA	Α		Add rows as necessary.
LOWER ALLEN TWP	PA	Α		
LOWER PAXTON TWP	PA	Α		
LOWER SWATARA TWP	PA	Α		
MECHANICSBURG BORO	PA	Α		
MIDDLESEX TWP	PA	Α		
MIDDLETOWN BORO	PA	Α		
MONAGHAN TWP	PA	Α		
MONROE TWP	PA	Α		
NEW CUMBERLAND BORO	PA	Α		
NORTH LONDONDERRY TWP	PA	Α		
PALMYRA BORO	PA	Α		
PAXTANG BORO	PA	Α		
PENBROOK BORO	PA	Α		
ROYALTON BORO	PA	Α		
SHIREMANSTOWN BORO	PA	Α		
SILVER SPRING TWP	PA	Α		
SOUTH HANOVER TWP	PA	Α		
SOUTH LONDONDERRY TWP	PA	A		
STEELTON BORO	PA	A		
SUSQUEHANNA TWP	PA	Α		
SWATARA TWP	PA	Α		
UPPER ALLEN TWP	PA	Α		
WEST HANOVER TWP	PA	Α		
WORMLEYSBURG BORO	PA	Α		

## Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be 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.

BLG	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
<ul> <li>Service to first set</li> </ul>	30,889	\$ 42.24				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	403	\$ 35.00				
Converter						
<ul> <li>Residential</li> </ul>						
<ul> <li>Non-residential</li> </ul>						
	<u> </u>	<b>†</b>				

# 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	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential			
Pay cable	\$	15.00	Motel, hotel		See Tab Attachment B	
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			
Fire protection			• Pay cable			
•Burglar protection			<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential			Fire protection			
First set	\$	99.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$	60.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect			
Converter			Disconnect			
			Outlet relocation	\$ 60.00		
			<ul> <li>Move to new address</li> </ul>			

Category of Service	Residential Rate	Commercial Rate
Block 1	11410	itato
Pay Cable	15.00	15.00
Pay Cable - add'l Channel	. 5.55	
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2	00.00	00.00
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	70.00	N/A
Fios TV Test Drive	85.00	N/A
Your Fios TV	85.00	N/A
More Fios TV	109.00	N/A
The MostFios TV	129.00	N/A
Fios TV Mundo Total	129.00	N/A
Fios TV Mundo	109.00	N/A
Your Fios TV Spotlight Package	85.00	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
MGM+	15.00	15.00
HBO / HBO Max	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
Internaltional Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	149.99	Varies
NBA League Pass	149.99	Varies
NHL Center Ice	99.99	Varies
CableCARD	10.00	10.00
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box 1 list two boxes (each) 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

Category of Service	Residential Rate	Commercial Rate
	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 purchase	\$399.99 purchase
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	10.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	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	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	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 Suspenstion	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 Fios TV+	90.00	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

LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:				
l					SYSTEM ID#	Namo
Verizon Pennsy	/Ivania LLC				063009	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, a basis. For further in in the paper SA3 for Column 1: List eace	system during the cons in effect or a fall (e)(2) and (e) is, as explaine stations: With record or a substand also in spatformation concerm.  In the constant of the constant	he accounting 1 June 24, 19 4), or 76.63 (d in the next respect to any ations, or auth G—but do listitute basis. ace I, if the streening substitute is a station action a station action action a station account in a stat	g period, except 181, permitting the referring to 76.6 paragraph. y distant stations norizations: at it in space I (the ation was carried tute basis station report origination coording to its ov	(1) stations carried carriage of certifice(2) and (4))]; is carried by your one Special Statemed both on a substins, see page (v) on program service rer-the-air designal	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the titute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi-	G Primary Transmitters: Television
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list eac	h stream separately; for example	
its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha	se. For example stem carried the in each case we entering the lecast), "E" (for not exe terms, see pation is outside ce area, see paave entered "Yone distant station	e, WRC is Che station.  whether the station whether the stater "N" (for noncommercial page (v) of the local serage (v) of the es" in column on during the	tation is a network), "N-M" (al educational), con general instructivice area, (i.e. "ogeneral instructional, you must con accounting periodal and instructional descriptions of the second second in the second seco	nington, D.C. This ork station, an indefer network multicor "E-M" (for nonce ctions located in the distant"), enter "Yeions located in the mplete column 5, od. Indicate by en	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system	
For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column of the sexplanation of th	ion of a distant entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ns, if any, giv	une 30, 2009, be association repre- you carried the ) of the general or U.S. stations, we the name of the	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with	y payment because it is the subject stem or an association representing try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  I to which the station is licensed by the hand which the station is identifed.	
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For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the F	ion of a distant entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio g multiple char  2. B'CAST CHANNEL NUMBER  21  33	n or before Jumitter or an a conter "E". If see page (vech station. Forms, if any, givened line-ups,  CHANN 3. TYPE OF STATION N E	une 30, 2009, be association representation of the general or U.S. stations, we the name of the use a separate  LINE-UP  4. DISTANT? (Yes or No)  No  No	etween a cable sy esenting the prima channel on any o instructions locate list the communit he community with space G for each A  5. BASIS OF CARRIAGE	stem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the hand which the station is identifed.  I channel line-up.  6. LOCATION OF STATION  Harrisburg  Harrisburg	
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LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	
Verizon Pennsy	/Ivania LLC				063009	Name
PRIMARY TRANSMITTE	RS: TELEVISION	ON				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carri	s and low power television stations) ed only on a part-time basis under	G
76.59(d)(2) and (4), 76 substitute program bas	i.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))];	tain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
basis under specifc FC  • Do not list the station	CC rules, regula here in space	ations, or auth G—but do lis	norizations:		cable system on a substitute program nent and Program Log)—if the	Television
basis. For further in	and also in spa formation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream	h station's call associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
Column 2: Give the	e. For example	e, WRC is Ch	-		tion for broadcasting over-the-air in may be different from the channel	
	in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see ation is outside	page (v) of the the local ser	ie general instru vice area, (i.e. "	ctions located in t distant"), enter "Y	es". If not, enter "No". For an ex-	
Column 5: If you ha	ave entered "Y ne distant station	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by er	stating the basis on which your ntering "LAC" if your cable system	
of a written agreement the cable system and a	entered into o a primary trans	n or before Ju mitter or an a	une 30, 2009, be association repre	etween a cable sy esenting the prima	ry payment because it is the subject  ystem or an association representing  ary transmitter, enter the designa- other basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v	) of the general	instructions locat	ed in the paper SA3 form.  by to which the station is licensed by the	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	h which the station is identifed. n channel line-up.	
		CHANN	EL LINE-UP	Α		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WPMT Antenna T	23	I-M	No		York	
WITF PBS Kids	33	Е-М	No		Harrisburg	See instructions for
WXBU TBD Netwo	15	I-M	No		Lancaster	additional information on
WHTM Laff	10	N-M	No		Harrisburg	alphabetization.
						,
						.,
						.,
						"

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063009 Verizon Pennsylvania LLC PRIMARY TRANSMITTERS: RADIO Н 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 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 FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

LEGAL MANE OF CHANER OF	040150107						
Verizon Pennsylvania		EM:				063009	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	<del></del>			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorizations	. For a further	Substitute
1. SPECIAL STATEMEN	T CONCER	NING SUBST	TTUTE CARRIAGE				Carriage:
During the accounting per				is, any nonne	twork television progra	am	Special Statement and
broadcast by a distant sta					☐Yes		Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the progr	am	
log in block 2.  2. LOG OF SUBSTITUTE	PROGRA	MS					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every noi distant state agulations, o notion. Do no Lucy" or "NE m was broad sign of the sadcast static adian static and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	attach additional network televition and that your authorization to use general of the BA Basketball: deast live, enterestation broadcator's location (the bas, if any, the when your system substitute program carrillisted program carrillisted program ons in effect during the state of the base o	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gereategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nesting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	orogram) that d for the program instruction "basketball"  No."  station is lice station is ide program. Use cable system 15 p.m. to 6:2 amming that y l; enter the le	during the accounting gramming of another signs located in the paper. List specific program ensed by the FCC or, in tiffied).  List the times accurate the summer of the s	ation er onth ely	
_					N SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
	-				<u> </u>		
						"""	
					_		
					_		
					_		
	-						
					_		

LEG	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
	rizon Pennsylvania LLC		063009	Name
Inst all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary transmi compute this ar	ssion service nount, see 13,187,340.62	<b>K</b> Gross Receipts
IMP	<b>PORTANT:</b> You must complete a statement in space P concerning gross receipts.	(Amount o	f gross receipts)	
• Cor • Cor • If you fee • If you acc	YRIGHT ROYALTY FEE uctions: 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. our system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. our 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.	arts of the DSE	Schedule	L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	e entered on lii	ne 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ blow.	entered on line	2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered	on line	
	MINIMUM FEE: 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 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	13,187,340.62	
	This is your minimum fee.	\$	140,313.30	
Block 2 Block 3	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.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  IND—Leave block 3 below blank and column.  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  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	nn 4, you must	check	
	Line 3. Add lines 1 and 2 and enter	\$	_	
Dia -1	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee	τ		
Block 4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  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	\$	140,313.30 0.00	Cable systems 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 the Licensing
	Line 4. FILING FEE	_\$	725.00	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	\$	141,038.30	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (see general instructions located in the paper SA3 form for more information.)	See page (i) of	the	additional 1003.

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6

ACCOUNTING P	EKIOD: 2023/2							'	OKW S	SAJE. PAGE 6.		
Nama	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						SY	STEM ID#		
Name	Verizon Per	nsylvania L	LC							063009		
<b>J</b> Part-Time Carriage Log	PART-TIME CARRIAGE LOG 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.  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.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."  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."											
	<ul> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m</li> </ul>											
	12:00 p.m."											
	DATES AND HOURS OF PART-TIME CARRIAGE											
		WHEN	I CARRIAGE OCCL	IRRED			WHEN	N CARRIAGE C	CCUR	RED		
	CALL SIGN	VVIILI	HOUF			CALL SIGN	VVIILI	1	OURS			
		DATE	FROM	ТО			DATE	FROM		ТО		
			_									
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			_									

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC	SYSTEM ID# 063009								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable									
	system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	409								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Patrick Merrick Telephone 703-447-0209									
	Address 22001 Loudoun County Parkway (Number, street, rural route, apartment, or suite number)  Ashburn, VA 20147									
	(City, town, state, zip)  Email patrick.merrick@verizon.com Fax (optional)									
0	RTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
Certifcation	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									
	<ul> <li>(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.</li> <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/ Brandon N. Egren									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in t button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compated to the compated to th									
	Typed or printed name: <b>Brandon N. Egren</b>									
	Title: Assistant Secretary, Verizon Pennsylvania LLC (Title of official position held in corporation or partnership)									
	Date: February 28, 2024									

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 th 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 telephon 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 suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Verizon Pennsylvania LLC	SYSTEM ID# 063009	Name
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusoribers and amounts collected from subscribers receiving secondary transmissions pursuant to section  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transminate by satellite carriers to satellite dish owners?  X NO	pasic ude sub- 119." in the	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address  Name Mailing Address		
INTEREST ASSESSMENTS  You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum herex	- days	
	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	t charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** 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, accounting period, and ID number as given in the filing.		
Owner Address		
First community served Accounting period ID number		

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