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.

2/27/2025

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2024/2 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	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box 312 (Number, street, rural route, apartment, or suite number)	
	Spencer, NY 14883-0312 (City, town, state, zip)	
	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	ames 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:	
	Spencer MAILING ADDRESS OF CABLE SYSTEM:	
	2 Same as above (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	
-	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this ss your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone	

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

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

U.S. Copyright Office

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Haefele TV Inc	16
	Instructions: List each separate community served by the cable system. A "community" is t	he same as a "community unit" as defined in FCC rul
D	"a separate and distinct community or municipal entity (including unincorporated commun discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s as the "first community." Please use it as the first community on all future filings.	serve as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	barks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	SPENCER TOWN - TIOGA COUNTY	NY
Community	SPENCER VILLAGE - TIOGA COUNTY	NY
	VAN ETTEN TOWN - CHEMUNG COUNTY	NY
d Rows as Necessary	CAYUTA TOWN - SCHUYLER COUNTY	NY
,	TIOGA TOWN - TIOGA COUNTY	NY
	BARTON TOWN - TIOGA COUNTY	NY
		NY
		NY
	CANDOR VILLAGE - TIOGA COUNTY	NY
	NEWARK VALLEY TOWN - TIOGA COUNTY	NY
	DANBY TOWN - TOMPKINS COUNTY	NY
	BALDWIN TOWN - CHEMUNG COUNTY	NY

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I	
Name	Haefele TV Inc	ADEL STOTEM.						010	16	
Е	SECONDARY TRANSMISSION									
–	In General: The information in system, that is, the retransmissi	•		-		•				
Secondary	about other services (including)					•				
Fransmission	last day of the accounting period	d (June 30 or D	ecemb	er 31, as the c	ase may b	e).		-		
Service: Sub-	Number of Subscribers: Bot						•			
scribers and Rates	down by categories of secondar each category by counting the n	-				•				
Rates	separately for the particular serv	-		•••			-	5 onarged		
	Rate: Give the standard rate of	•	-					•		
	unit in which it is generally billed category, but do not include disc	· · ·		,		ard rate variation	ns within a	particular rate		
	Block 1: In the left-hand block					condarv transmi	ission serv	vice that cable		
	systems most commonly provid	•		•		•				
	that applies to your system. Not			•		•				
	categories, that person or entity					•				
	subscriber who pays extra for ca first set" and would be counted of						nder Serv			
	Block 2: If your cable system						e different	from those		
	printed in block 1 (for example,					•				
	with the number of subscribers a sufficient.	and rates, in the	e right-l	hand block. A	wo- or thre	ee-word descrip	tion of the	service is		
-		OCK 1					BLOC	< 2		
		NO. OF					BLOCK 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA	
	Residential:					N/A		N/A	N/A	
	Service to first set		998	54.11						
	• Service to additional set(s)		,383	1.00						
	• FM radio (if separate rate)	N/A N/A								
	Motel, hotel Commercial	N/A N/A								
	Converter	N/A								
	Residential	N/A								
	Non-residential	N/A								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	•	,		•	• •				
F	not covered in space E, that is,					•				
Services	service for a single fee. There a furnished at cost or (2) services		-		-		• •	,		
Other Than										
Secondary	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.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Patoe	Block 2: List any services that your cable system furnished or offered during the accounting period that were listed in block 1 and for which a separate charge was made or established. List these other services in the form									
Rates	brief (two- or three-word) description and include the rate for each.									
Rates		otion and includ								
Rates			CK 1					BLOCK 2		
Rates		BLOC		GORY OF SEF	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA	
Rates	brief (two- or three-word) descri	BLOC RATE	CATE			RATE	CATEG		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLOC RATE	CATEC Installa	GORY OF SEF		RATE	CATEG		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOC RATE	CATEC Installa • Mo	GORY OF SER ation: Non-res		RATE	CATEG		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE	CATEC Installa • Mo • Cor	GORY OF SEF ation: Non-res		RATE	CATEG		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLOC RATE	CATEC Installa • Mo • Col • Pay • Pay	GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c	idential	RATE	CATEG		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE	CATEC Installa • Mo • Col • Pay • Pay • Fire	GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection	idential nannel	RATE	CATEGO		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	BLOC	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur	GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	idential nannel	RATE	CATEG		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLOC	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur	GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services:	idential nannel	RATE	CATEGO		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur • Ree	GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protection services: connect	idential nannel	RATE	CATEG		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLOC	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Red • Dis	GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services: connect connect	idential nannel	RATE	CATEGO		RA	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC	CATEC Installa • Mo • Col • Pay • Pay • Bur • Bur • Bur • Bur • Bur • Bur • Dis • Our	GORY OF SEF ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protection services: connect	nannel	RATE	CATEG		RA	

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	Haefele TV Inc			1					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary ransmitters: Television	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station? multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these certems, see page (iv) of the general instructions in the paper SA1-2							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WBNG DT 12-1 CBS	8.3	N	BINGHAMTON, NY					
	WBNG DT 12-2 CW W	8.4	I	BINGHAMTON, NY					
Rows as Necessary	WBNG DT 12-3 METV	8.5	N-M	BINGHAMTON, NY					
	WBNG DT 12-4 COUR	8.6	N-M	BINGHAMTON, NY					
	WBNG DT 12-5 GRIT	8.7	N-M	BINGHAMTON, NY					
	WETM DT 18-1 NBC H	23.3	N	ELMIRA, NY					
	WETM DT 18-2 ANTE	23.4	N-M	ELMIRA, NY					
	WETM DT 18-3 LAFF	23.5	N-M	ELMIRA, NY					
	WETM DT 18-4 MYSTI	23.6	N-M	ELMIRA, NY					
	MONY DT 24 4 DDC	20.3							
	WCNY DT 24-1 PBS	20.0	E	SYRACUSE, NY					
	WCNY DT 24-1 PBS	20.4	E E-M	SYRACUSE, NY SYRACUSE, NY					
	WCNY DT 24-2 CREA	20.4	E-M	SYRACUSE, NY					
	WCNY DT 24-2 CREA WCNY DT 24-3 GLOB	20.4 20.5	E-M E-M	SYRACUSE, NY SYRACUSE, NY					
	WCNY DT 24-2 CREA ¹ WCNY DT 24-3 GLOB WCNY DT 24-4 PBS K	20.4 20.5 20.6	E-M E-M E-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY					
	WCNY DT 24-2 CREA ¹ WCNY DT 24-3 GLOB WCNY DT 24-4 PBS K WIVT DT 34-1 ABC	20.4 20.5 20.6 27.3	E-M E-M E-M N	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY					
	WCNY DT 24-2 CREA ¹ WCNY DT 24-3 GLOB, WCNY DT 24-4 PBS K WIVT DT 34-1 ABC WIVT DT 34-2 NBC WI	20.4 20.5 20.6 27.3 27.4	E-M E-M E-M N N	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY BINGHAMTON, NY					
	WCNY DT 24-2 CREA ¹ WCNY DT 24-3 GLOB, WCNY DT 24-4 PBS K WIVT DT 34-1 ABC WIVT DT 34-2 NBC WI WIVT DT 34-3 LAFF	20.4 20.5 20.6 27.3 27.4 27.5	E-M E-M N N N N-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY					
	WCNY DT 24-2 CREA ¹ WCNY DT 24-3 GLOB, WCNY DT 24-4 PBS K WIVT DT 34-1 ABC WIVT DT 34-2 NBC W WIVT DT 34-3 LAFF WIVT DT 34-4 MYSTE	20.4 20.5 20.6 27.3 27.4 27.5 27.6	E-M E-M N N N N-M N-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY					
	WCNY DT 24-2 CREA ¹ WCNY DT 24-3 GLOB WCNY DT 24-4 PBS K WIVT DT 34-1 ABC WIVT DT 34-2 NBC W WIVT DT 34-3 LAFF WIVT DT 34-4 MYSTE WENY DT 36-1 ABC H	20.4 20.5 20.6 27.3 27.4 27.5 27.6 35.1	E-M E-M N N N N-M N-M N-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY ELMIRA, NY					
	WCNY DT 24-2 CREA ¹ WCNY DT 24-3 GLOB WCNY DT 24-4 PBS K WIVT DT 34-1 ABC WIVT DT 34-2 NBC WI WIVT DT 34-3 LAFF WIVT DT 34-4 MYSTE WENY DT 36-1 ABC H WENY DT 36-2 CBS H	20.4 20.5 20.6 27.3 27.4 27.5 27.6 35.1 35.2	E-M E-M N N N N-M N-M N-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY ELMIRA, NY ELMIRA, NY					
	WCNY DT 24-2 CREA ^T WCNY DT 24-3 GLOB WCNY DT 24-4 PBS K WIVT DT 34-1 ABC WIVT DT 34-2 NBC W WIVT DT 34-2 NBC W WIVT DT 34-4 MYSTE WENY DT 36-1 ABC H WENY DT 36-2 CBS H WENY DT 36-3 CW	20.4 20.5 20.6 27.3 27.4 27.5 27.6 35.1 35.2 35.3	E-M E-M N N N N-M N-M N-M	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY ELMIRA, NY ELMIRA, NY					
	WCNY DT 24-2 CREA ^T WCNY DT 24-3 GLOB WCNY DT 24-4 PBS K WIVT DT 34-1 ABC WIVT DT 34-2 NBC W WIVT DT 34-2 NBC W WIVT DT 34-3 LAFF WIVT DT 34-4 MYSTE WENY DT 36-1 ABC H WENY DT 36-2 CBS H WENY DT 36-3 CW	20.4 20.5 20.6 27.3 27.4 27.5 27.6 35.1 35.2 35.3 35.4 7.3	E-M E-M N N N N N-M N N N N I I	SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY SYRACUSE, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY ELMIRA, NY					

	LEGAL NAME OF OWNER OF (CABLE SYSTEM:		SYSTE					
Name	Haefele TV Inc								
	PRIMARY TRANSMITTERS: T	TELEVISION							
G	carried by your cable system FCC rules and regulations in	ntify every television station (including tr a during the accounting period, <i>except</i> (a effect on June 24, 1981, permitting the	 stations carried only on a par e carriage of certain network pro 	t-time basis under grams [sections					
Primary Fransmitters: Television	substitute program basis, as	(2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. With respect to any distant stations car							
		es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis.	e Special Statement and Progra	m Log)—if the					
	basis. For further information	lso in space I, if the station was carried n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pro	see page (v) of the general instru	uctions.					
	"WETA-2" as the same on th								
	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 c	sace whether the station is a network st	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"						
	educational station, by enteri	ing the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for inde	ependent), "I-M"					
	educational station, by enteri (for independent multicast), " For the meaning of these terr	ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruc	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form.	ependent), "I-M" ational multicast).					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati	ependent), "I-M" ational multicast). on is licensed by the					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location	ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruc	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati	ependent), "I-M" ational multicast). on is licensed by the					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the stati e community with which the stati	ependent), "I-M" ational multicast). on is licensed by the on is identified.					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN	ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WSKG DT 46-2 PBS K	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31.4	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION BINGHAMTON, NY					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WSKG DT 46-2 PBS K WSKG DT 46-3 CREA	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31.4 31.5	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WSKG DT 46-2 PBS K WSKG DT 46-3 CREA WSKG DT 46-4 WORL	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31.4 31.5 31.6	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION E-M E-M E-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY					
	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia 1. CALL SIGN WSKG DT 46-2 PBS K WSKG DT 46-3 CREA WSKG DT 46-4 WORL WYDC DT 48-1 FOX	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or rms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 31.4 31.5 31.6 30.3	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E-M E-M E-M N	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY CORNING, NY					
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	educational station, by enteri (for independent multicast), " For the meaning of these terr Column 4 : Give the location FCC. For Mexican or Canadia 1. CALL SIGN WSKG DT 46-2 PBS K WSKG DT 46-2 PBS K WSKG DT 46-3 CREA WSKG DT 46-4 WORL WYDC DT 48-1 FOX WJKP DT 48-2 MY TW WYDC DT 48-3 METV WSPX DT 56-1 ION WSPX DT 56-2 COUR	ing the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the <u>2. B'CAST CHANNEL NUMBER</u> <u>31.4</u> <u>31.5</u> <u>31.6</u> <u>30.3</u> <u>30.4</u> <u>30.5</u> <u>36.3</u> <u>36.4</u>	or network multicast), "I" (for inde "E-M" (for noncommercial educ ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION E-M E-M E-M N N N N N N I I I I I	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION BINGHAMTON, NY BINGHAMTON, NY BINGHAMTON, NY CORNING, NY CORNING, NY CORNING, NY					
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LEGAL NAME OF	OWNER OF O	CABLE S	YSTEM:					SYSTEM II
Haefele TV lı	nc							16
	every radio s	tation ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate to Column 4: G	it is carried by monitoring, to ormation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein it the Co sign of o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/0	LOUATION OF STATION			3,0		
NA								

Accounting Perio	od: 2024/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Haefele TV Inc							1686
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident substitute basis during the a	• •				•	•	
Substitute	explanation of the programm	• •	•	•	-			
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?				l	YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	nust comp	lete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	their meaning	a is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
	Column 1: Give the title period, was broadcast by a	-		vision program ("substitute our cable system substitut	,	-		-
	under certain FCC rules, re		•	•			-	
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadc	asting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car		,	the community to which the community with which the			the FCC or,	in
				stem carried the substitute		,	ils, with the n	nonth
	first. Example: for May 7 giv		o cubatituto pr	ogram was carried by you	r cabla aveta	m list the	timos ocour	atoly
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."							ine d
	to delete under FCC rules a			n was substituted for prog uring the accounting peric				
	was substituted for program	nming that						5
	effect on October 19, 1976							
			E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
								·
							_	
							_	
]			
							_	
							_	
							_	
1								

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Haefele TV Inc	OWNER OF CABLE SYSTEM:		SYSTEM ID# 1686
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's total number of activ number of channels on which the cable television broadcast stations	n the cable system carried television broadcast static rated channels during the accounting period.	34
		able system carried television broadcast stations		256
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION about this statement of account.)	IS NEEDED (Identify an individual to whom	
for Further Information	Name	Lee Haefele	Teleph	one 607-589-6235
	Address	24 E Tioga St PO Box 312 (Number, street, rural route, apartment, or suite number) Spencer, NY 14883 (City, town, state, zip)		
	Email	htv@htva.net	Fax (optional) 607-589)-7211
O Certification	• I, the undersigne	ed, hereby certify that (Check one, <i>but only one</i> , of e r other than corporation or partnership) I am the	signed in accordance with Copyright Office regulation the boxes.) e owner of the cable system as identified in line 1 of space) I am the duly authorized agent of the owner of the ca	ace B; or
	in l	ine 1 of space B and that the owner is not a corpora		
	I have examined	I the statement of account and hereby declare unde e, and correct to the best of my knowledge, informa	r penalty of law that all statements of fact contained he tion, and belief, and are made in good faith.	rein

	X /s/ Lee Haefele
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed	name: Lee Haefele
	President ficial position held in corporation or partnership)
Date:	02/27/25

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.

			A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Haefele TV Inc		YSTEM ID 168
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission servic amount, see	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of g	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 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this 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 lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula	_	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	<u>.</u>	
	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 \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K \$ 390,760.57	_	
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	1,269.61	
	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	\$	2,588.61
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo and			
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,588.61	
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	\$	2,608.61
		1	
	EFT Trace # or TRANSACTION ID #		

AL NAME OF OWNER OF CABLE SYSTEM: fele TV Inc 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 "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	SYSTEM II 168
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	<u>168</u>
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 Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
×	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	
(interest charge)	-
* 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	

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