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

Cable Systems (Short Form) For additional information, contact the U.S. Copyright	STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
General instructions are located 07/26/2019		DATE RECEIVED		coplicsoa@copyright.gov
		07/26/2019		contact the U.S. Copyright Office Licensing Division at:

A	ACC	OUNTING 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		
		Instructions:
В		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
		Haefele TV Inc
		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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		Burdett
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Same as above (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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	Ι	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Hamo	Haefele TV Inc	234
	Instructions: List each separate community served by the cable system. A "commur	nity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	ist win serve us a form of system identification herearter kin
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BURDETT VILLAGE	NY
Community	ORANGE TOWN	NY
,		
	MILO TOWN	NY
d Rows as Necessary	HECTOR TOWN	NY
	BRADFORD TOWN	NY
	READING TOWN	NY

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name		ABLE SYSTEM:						313	2346
	Haefele TV Inc								2040
Е	SECONDARY TRANSMISSION								
_	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the ca	se may be	e).		-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ance payment.					
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					l in the count un	der "Servie	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, t	iers of services	that in	clude one or mo	ore second	dary transmissio	ns), list th	em, together	
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tw	vo- or three	e-word descripti	on of the s	service is	
		DCK 1					BLOC	<2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA
	Residential:	JUBJURID	EKS	NATE	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	
	Service to first set		968	19.95					
	 Service to additional set(s) 		656	1.00					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t								
•	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by the							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				SHEU. LISI	lifese olifer serv		e ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	9.00/14.95	• Mo	otel, hotel					
	Pay cable—add'l channel			mmercial					ļ
	Fire protection			y cable	oppel				
	 Burglar protection 			y cable-add'l ch e protection	annei				
	Installation: Posidential			•					
	Installation: Residential • First set	30.00	• 60	ralar protection					
	Installation: Residential First set Additional set(s) 	30.00 10.00		rglar protection services:					
	First set		Other	0 1		30.00			
	First setAdditional set(s)		Other • Re	services:		30.00			
	 First set Additional set(s) FM radio (if separate rate) 		Other • Re • Dis	services: connect		30.00 10.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Haefele TV Inc			23
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination I with a station according to its over-th	bt (1) stations carried only on a part- the carriage of certain network progr. 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a subtract by sour cable system on a subtract the Special Statement and Program and both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over estation, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSTM DT 3-1	24	Ν	SYRACUSE, NY
	WHEC DT 10-1	10	N	ROCHESTER, NY
	WETM DT 18-1	18	N	ELMIRA, NY
	WETM DT 18-2	18	N-M	ELMIRA, NY
d Rows as Necessary	WETM DT 18-3	18	N-M	ELMIRA, NY
	WETM DT 18-4	18	N-M	ELMIRA, NY
	WCNY DT 24-1	25	Е	SYRACUSE, NY
	WCNY DT 24-2	25	E-M	SYRACUSE, NY
	WCNY DT 24-3	25	E-M	SYRACUSE, NY
	WCNY DT 24-4	25	E-M	SYRACUSE, NY
	WENY DT 36-1	36	Ν	CORNING, NY
	WENY DT 36-2	36	Ν	CORNING, NY
	WENY DT 36-3	36	N-M	CORNING, NY
	WENY DT 36-4	36	N-M	CORNING, NY
	WNYS DT 43-1	44	l	SYRACUSE, NY
	WNYS DT 43-2	44	I-M	SYRACUSE, NY
	WSKG DT 46-1	42	E	BINGHAMTON, NY
	WSKG DT 46-2	42	E-M	BINGHAMTON, NY
	WSKG DT 46-3	42	E-M	BINGHAMTON, NY
	WSKG DT 46-4	42	E-M	BINGHAMTON, NY
	WJKP DT 48-2	48	N-M	CORNING, NY
	WYDC DT 48-3	48	N-M	CORNING, NY
	WSPX DT 56-1	15	I	SYRACUSE, NY
		15	I-M	SYRACUSE, NY
	WSPX DT 56-2	10		
	WSPX DT 56-2 WSPX DT 56-3	15	I-M	SYRACUSE, NY

counting Period: 2019/1			FORM SA1-2E. PAGE
LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID
Haefele TV Inc			2346
PRIMARY TRANSMITTERS:	TELEVISION		
G carried by your cable syste	lentify every television station (including em during the accounting period, <i>excep</i> ; in effect on June 24, 1981, permitting (ot (1) stations carried only on a part-tin	ne basis under
Primary 76.59(d)(2) and (4), 76.610 Transmitters: substitute program basis, a Television Substitute Basis Stationa basis under specific FCC i	(e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph. s: With respect to any distant stations or rules, regulations, or authorizations:	61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a stitute program
station was carried only of • List the station here, and	also in space I, if the station was carried	ed both on a substitute basis and also	on some other
Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac	ion concerning substitute basis stations on's call sign. <i>Do not</i> report origination ed with a station according to its over-the the form. hel number the FCC assigned to the tel WRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M"	program services such as HBO, ESPN le-air designation. For example, report evision station for broadcasting over th station, an independent station, or a r	N, etc. Identify each t multistream ne air in its community noncommercial
For the meaning of these t Column 4: Give the locati), "E ["] (for noncommercial educational), terms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is	s licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WSYT DT 68-2	19	N-M	SYRACUSE, NY

-	Period: 2019						FORM	I SA1-2E. PAGE
LEGAL NAME OF Haefele TV I		ABLE SY	YSTEM:					SYSTEM ID 2346
								2340
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein t the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on 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, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
	I	1		I	Γ	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
<u>IA</u>								
					·			
	Γ		11			[

Accounting Perio	od: 2019/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Haefele TV Inc							23467
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your cal	hle syster	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pa	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	l
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anowar in '			-	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their me	aning is	
	clear. If you need more spa				interer pee		annig ie	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.						uoy oi	
				"Yes." Otherwise enter "N				
				sting the substitute progra		need by the FC	Caria	
	the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute			the mon	th
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shoul	d be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the liste	ed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	n	
	effect on October 19, 1976.							
					WHE	N SUBSTITUT	ΓE	
	S	UBSTITUT	E PROGRAM			AGE OCCURF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	s то	DELETION
		103 01 100	ONEE OIGH	4. 01/1101/0 200/1101			10	
						_		
						_		
						_		
						_		
						_		

Accounting Period:	: 2019/1 FORM SA1-2E. P	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	M ID#
Naille	Haefele TV Inc 2	3467
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts for subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,800 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.	
	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 this six-mon 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	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 \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 177,885.60	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 177,885.60	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	86
		00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	86
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due		
	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 479.	86
	EFT Trace # or TRANSACTION ID # 26J2KPOL	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Haefele TV I	OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 23467
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	bers, and (2) the cable system's to otal number of channels on which ied television broadcast stations otal number of activated channel e cable system carried television	s	28 80
N Individual to Be Contacted		TO BE CONTACTED IF FURTH ct about this statement of account	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Lee Haefele	Telephone	607-589-6235
	Address	PO Box 312 24 E Tic (Number, street, rural route, apart Spencer, NY 14883 (City, town, state, zip)		
	Email	htv@htva.net	Fax (optional) 607-589-721	1
O Certification	I, the undersi (Ov (Ag X (O I have exami are true, comp	igned, hereby certify that (Check or vner other than corporation or p gent of owner other than corporation in line 1 of space B and that the of fficer or partner) I am an officer (in in line 1 of space B. ned the statement of account and olete, and correct to the best of my action 1001(1986)] Figure or printed Typed or printed Title:	Example 1 and the owner of the cable system as identified in line 1 of space B; ation or partnership) I am the duly authorized agent of the owner of the cable system by owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein 'knowledge, information, and belief, and are made in good faith. 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)	stem as identified
		Date:	7/26/19	

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unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
fele TV Inc	234
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 Statemer Concerning Gros Receipts Exclusio
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	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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