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				
8/28/2019	\$				
0/20/2013	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 Period	2019/1						
B Owner	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 corpo rate title of the subsidiary, not that of the parent corporation 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						
	Verizon New York Inc.						
				06301020191			
				063010 2019/1			
	22001 Loudoun County Parkway						
	Ashburn, VA 20147						
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the husines	ss and operation of the syst	em unless these			
С	names already appear in space B. In line 2, give the mailing address of						
System	IDENTIFICATION OF CABLE SYSTEM:						
	Verizon Fios TV (Buffalo, NY) VHO 15						
	MAILING ADDRESS OF CABLE SYSTEM:						
	548 Elmwood Ave (Number, street, rural route, apartment, or suite number)						
	Buffalo. NY 14222						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b			
Area	with all communities.	,	, , , , , , , , , , , , , , , , , , , ,	1.3.			
Served	CITY OR TOWN	STATE					
First							
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alda	MD	Α	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 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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Verizon New York Inc.			063010					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form								
of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses								
below the identified city or town.								
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).								
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) at (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gro							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-				
AMHERST (TOWN)	NY	Α		First				
BLASDELL (VILLAGE)	NY	A		Community				
HAMBURG (TOWN)	NY	Α						
HAMBURG (VILLAGE)	NY NY	Α						
KENMORE (VILLAGE) LACKAWANNA CITY	NY	<u>А</u> А		Con instructions for				
ORCHARD PARK (TOWN)	NY	A		See instructions for additional information				
ORCHARD PARK (VILLAGE)		A		on alphabetization.				
TONAWANDA (ERÎE) TOWN	NY	Α						
WEST SENECA (TOWN)	NY	Α						
				Add rows as necessary.				
			••••••	naa rows as necessary.				

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon New York Inc.

SYSTEM ID#

063010

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.

BLOCK 1					BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS		NAIL	H	CATEGORY OF SERVICE	SUBSCRIBERS	RAIL	
Service to first set	55,467	\$	25.00					
Service to additional set(s)								
FM radio (if separate rate)								
Motel, hotel								
Commercial	746	\$	35.00					
Converter								
Residential								
Non-residential								
Non-residential								

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$ 15.0	• Motel, hotel		See Tab Attachment B	
 Pay cable—add'l channel 		Commercial			
Fire protection		 Pay cable 			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$ 99.0	• Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation	\$ 65.00		
		 Move to new address 			

Category of Service	Residential Rate	Commercial Rate
Block 1		
Pay Cable	15.00	15.00
Pay Cable - add'l Channel		
Installation - First Set	99.00	89.99
Installation - Additional Set(s)	65.00	34.99
Outlet Relocation	65.00	69.99
Block 2		
Fios Current TV		40.00
Fios Current TV for Bar/Restaurant		40.00
Custom TV Kids & Pop	64.99	80.00
Custom TV Sports & News	64.99	80.00
Custom TV Action & Entertainment	64.99	80.00
Custom TV News & Variety	64.99	80.00
Custom TV Lifestyle & Reality	64.99	80.00
Custom TV Infotainment & Drama	64.99	80.00
Custom TV Home & Family	64.99	80.00
Fios TV Preferred HD	74.99	90.00
Fios TV Extreme HD	79.99	110.00
Fios TV Ultimate HD	89.99	120.00
Fios TV Extreme for Bar/Rest.	N/A	Varies
Fios TV Mundo Total	54.99	N/A
Fios TV Mundo	49.99	N/A
Sports Pass	14.00	15.00
Sports Pass (Ultimate 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
EPIX	15.00	15.00
НВО	15.00	15.00
Showtime	15.00	15.00
Starz	N/A	15.00
Ride TV	N/A	5.00
Starz/Encore	15.00	N/A
Fios Prepaid Service Offering:		
25 Mbps Internet	60.00	N/A
50 Mbps Internet	65.00	N/A
TV Mundo	40.00	N/A
TV Mundo Total	50.00	N/A
Custom TV Kids & Pop	40.00	N/A
Custom TV Sports & News	50.00	N/A
Custom TV Action & Entertainment	40.00	N/A
Custom TV News & Variety	50.00	N/A
Custom TV Lifestyle & Reality	40.00	N/A
Custom TV Infotainment & Drama	40.00	N/A
Custom TV Home & Family	50.00	N/A
Spanish Language Package	16.00	Varies
Music Choice Package	N/A	34.99
Playboy	16.99	N/A
International Premium On Demand	Varies	Varies
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies

Category of Service	Residential Rate	Commercial Rate
Pay Per View	Varies	Varies
MLB Extra Innings	199.00	Varies
MLS Direct Kick	89.00	Varies
NBA League Pass	210.00	Varies
NHL Center Ice	188.00	Varies
CableCARD	4.99	4.99
Digital Adapter	7.99	8.00
Set-Top Box First two boxes	12.00	11.99
Set-Top Box: Boxes 3-5	6.00	
Set-Top Box: 6+ boxes	No charge	
Fios Quantum Gateway Router	N/A	9.99
Fios Wireless Router	12.00	N/A
Fios Advanced Wi-Fi Router	7.99	N/A
HD Business Media DVR	N/A	26.99
HD Digital DVR	N/A	23.99
Fios TV Activation Fee	N/A	99.99
DVR Service	12.00	N/A
Multi-room DVR Service	15.00	N/A
Multi-room DVR Enhanced Service	20.00	N/A
Multi-room DVR Premium Service	30.00	N/A
Agent Assistance Fee	7.00	
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	65.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	100.00	99.99
New Outlet Installation Subsequent	65.00	69.99
Existing Outlet Connection Subsequent	65.00	34.99
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)	15.00	15.00
Specialty DVR Upgrade	50.00	N/A
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
Set-Top Box Retrieval Fee	N/A	99.99
TV Equipment Upgrade	50.00	N/A
TV Equipment Tech Install	110.00	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Wireless Router	100.00	100.00
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	120.00	N/A
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged STB HD	190.00	190.00
Unreturned/Damaged STB SD DVR	330.00	N/A
Unreturned/Damaged STB HD DVR	260.00	260.00
Unreturned/Damaged STB Media Server	375.00	N/A

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New York Inc. 063010 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) **WGRZ** 2 Ν No **Buffalo WIVB** 4 Ν No **Buffalo** See instructions for additional information **WBBZ Me TV** 67 Springville ı No on alphabetization. 29 No Buffalo **WUTV** ı **WKBW** 7 Ν No **Buffalo WNYO** 49 No **Buffalo** ı **WPXJ** 51 No **Batavia** ı **WNED** Buffalo 17 Ε No **WNED PBS Kids** 17 E-M Buffalo No **WNLO** 23 ı No **Buffalo** WNYB 26 ı No Jamestown Ν WGRZ-simulcast 33 No Buffalo **WBBZ-simulcast** 67 ı No Springville WIVB-simulcast 39 Ν No **Buffalo WUTV-simulcast** 14 ı No Buffalo 38 Ν WKBW-simulcast No **Buffalo** WNYO-simulcast 49 ı No **Buffalo** WPXJ-simulcast 51 No **Batavia** ı

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Verizon New York Inc. 063010 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER **STATION** (If Distant) **WNED-simulcast** Ε No **Buffalo** 43 WNLO-simulcast 32 No **Buffalo** See instructions for additional information **Buffalo** WGRZ Antenna T 33 N-M No on alphabetization. 29 I-M No **Buffalo WUTV Charge TV** 7 **Buffalo WKBW LAFF** N-M No 7 N-M No **Buffalo** WKBW Escape Buffalo WNLO Bounce T 32 No I-M **WUTV TBD TV** Buffalo 29 I-M No **Buffalo** WNYO CometTV 49 I-M No 43 No **Buffalo WNED Create** E-M WGRZ Quest 33 N-M No **Buffalo WGRZ The Justic** 33 N-M No Buffalo **WNYO Stadium** 49 I-M No Buffalo

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063010 Verizon New York Inc. 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/1
Verizon New York Inc.	CABLE SYST	EM:			S	YSTEM ID# 063010	Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a							ı
substitute basis during the ad	• .	•	-	-			
explanation of the programm				e general instr	uctions located in the pap	er SA3 form.	Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							Carriage: Special Statement and
broadcast by a distant station?							Program Log
log in block 2.							
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in							
effect on October 19, 1976.				WHE	EN SUBSTITUTE	7. REASON	
S		E PROGRAM			AGE OCCURRED 6. TIMES	FOR	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	DELETION	
					_		
					_		
					_		
					_		
	 						
					<u> </u>		
							
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Verizon New York Inc.
SYSTEM ID#
063010

J

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
- 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."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

<u> </u>	DATES AND HOURS OF PART-TIME CARRIAGE								
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN	N CARRIAGE O		
	DATE	HOUR FROM	S TO			DATE	FROM	OUR	S TO
								_	
								_	
								_	
								_	
		_						_	

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 063010	Name
GRO 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. PORTANT: You must complete a statement in space P concerning gross receipts.	ondary tran compute thi	Enter the total of samission service	K Gross Receipts
Instru Con Con If you fee If you acco	(RIGHT ROYALTY FEE Ictions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Bour system did not carry any distant television stations, leave block 3 blank. Enter the art from block 1 on line 1 of block 4, and calculate the total royalty fee. Bour system did carry any distant television stations, you must complete the applicable part of a companying this form and attach the schedule to your statement of account. In art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be	arts of the l	DSE Schedule	Copyright Royalty Fee
If page 3 beIf page 4	ck 3 below. For the DSE schedule was completed, the amount from line 7 of block C should be delow. For the delow of the DSE schedule was completed, the surcharge amount sho block 4 below.			
Block 2	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 colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule.	nn 4, you n od?	nust check	
Block 3	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		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee 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 zero. 	\$	225,572.69 0.00	Cable systems submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		725.00	additional fees. Division for the appropriate
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$	226,297.69	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	oee page (i) or the	

Name	LEGAL NAME OF OWNER O	F CABLE S	YSTEM:	SYSTEM ID:			
Name	Verizon New York	Inc.		063010			
M Channels	to its subscribers and 1. Enter the total num	d (2) the	(1) the number of channels on which the cable system carried television broadcast cable system's total number of activated channels, during the accounting period. nannels on which the cable badcast stations	t stations			
		system o	ctivated channels arried television broadcast stations	487			
N Individual to Be Contacted	we can contact about this statement of account.)						
for Further	Name Patrick	Merric	k Telephone	703-694-5088			
Information			In County Parkway				
	Ashbur (City, town, s		20147				
	Email		c.merrick@verizon.com Fax (optional)				
	CERTIFICATION (This	s statem	ent of account must be certifed and signed in accordance with Copyright Office rec	ulations.			
0				,			
Certifcation	• I, the undersigned, he	ereby cer	tify that (Check one, but only one, of the boxes.)				
	(Owner other than	cornors	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	a R: or			
	(Owner other than	Corpora	uon or partnersmp) ram the owner of the cable system as identified in line if of space	; b, oi			
	(Agent of owner o	ther thai	a corporation or partnership) I am the duly authorized agent of the owner of the cable	e system as identified			
	in line 1 of space	ce B and	that the owner is not a corporation or partnership; or				
	(Officer or partne	-	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wner of the cable system			
	·						
		d correct	t of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith.	ied herein			
		Χ	/s/ Veronica C. Glennon				
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus				
		Typed o	or printed name: Veronica C. Glennon				
		Title:	Assistant Secretary, Verizon New York Inc. (Title of official position held in corporation or partnership)				
		Date:	August 28, 2019				

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 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 telephor 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 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon New York Inc. SYSTEM ID#	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 the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 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? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENTS 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 in the paper SA3 form.	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 here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
contact the Licensing Division at (202) 707-8150 or licensing@loc.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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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