

October 26, 2012

Ms. Jaclyn A. Brilling New York State Public Service Commission Three Empire State Plaza Albany, NY 12223

RE: 2012 (Revised), 2013 FCC Form 1240 & 1205

Dear Ms. Brilling:

The Federal Communications Commission's regulations concerning cable rates and our Social Contract permit us to adjust rates annually for inflation and changes in external costs such as programming fees and copyright fees.

Accordingly, please find FCC Forms 1205 and 1240 which we used for calculating our BST rates, equipment and installation charges. We reserve the right to update the enclosed forms should better information become available to us.

The following items are included:

- Revised 2012 FCC Form 1240
- Community Unit ID Numbers included in each filing
- 2011 and 2012 Channel Line-Up
- 2013 FCC Form 1240
- 2013 Proposed Channel Line-Ups
- FCC Form 1205

Our customer's will receive notification of the rate adjustment in their bill preceding this change in rates.

Please do not hesitate to contact me at (315) 634-6255 if you have any questions.

Karen Conaty

Sr. Financial Analyst

Enclosure

#### FCC FORM 1240 UPDATING MAXIMUM PERMITTED RATES FOR REGULATED CABLE SERVICES

# Cable Operator:

Name of Cable Operator Time Warner Cable - City of Oneida				_
Time Warner Cable . City of Oneida			-	1
			1.00	1
Mailing Address of Cable Operator				
P.O. Box 4733 City	State	ZIP Code		4
Syracuse	NY	13221-4733		
Diracase		YES	NO	J
. Does this filing involve a single franchise authority and a sing	ele community unit?	1123	X	1
			<u> </u>	_
If yes, complete the franchise authority information				
below and enter the associated CUID number here:		YES	NO	
Does this filing involve a single franchise authority but multip	ple community units?	X		7
	•	·		_
If yes, enter the associated CUIDs below and complete the fra	anchise authority information at the bottom	of this page:		
· · · · · · · · · · · · · · · · · · ·				1
	NY0356			l
<b> </b>				
Does this filing involve multiple franchise authorities?				J
If yes, attach a separate sheet for each franchise authority and	i include the following tranchise authority in	itormation with		
its associated CUID(s): ranchise Authority Information:	mende the following transmise additionty in	normation with		_
its associated CUID(s):	metude the following transmise authority in	normation with		1
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority	metude the following franchise authority in	normation with		]
its associated CUID(s): ranchise Authority Information:	metude the following transmise authority in	normation with		]
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority	metude the following transatise authority in	normation with		
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority NYS Public Service Commission	State	ZIP Code		
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza	State NY			
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City	State	ZIP Code		
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City  Albany	State NY	ZIP Code		
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City  Albany  Telephone number  (518) 474-4992	State	ZIP Code		
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority NYS Public Service Commission Mailing Address of Local Franchising Authority Agency Bldg Three, Empire State Plaza City Albany Telephone number (518) 474-4992  For what purpose is this Form 1240 being filed? Please put a	State	ZIP Code		
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City  Albany  Telephone number  (518) 474-4992  For what purpose is this Form 1240 being filed? Please put a Original Form 1240 for Basic Tier	State	ZIP Code	x	
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority NYS Public Service Commission Mailing Address of Local Franchising Authority Agency Bldg Three, Empire State Plaza City Albany Telephone number (518) 474-4992  For what purpose is this Form 1240 being filed? Please put a Original Form 1240 for Basic Tier Amended Form 1240 for Basic Tier	State	ZIP Code	x	
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City  Albany  Telephone number  (518) 474-4992  For what purpose is this Form 1240 being filed? Please put a  Original Form 1240 for Basic Tier  Amended Form 1240 for Basic Tier  Original Form 1240 for CPS Tier	State	ZIP Code	X	
its associated CUID(s): Franchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City  Albany  Telephone number  (518) 474-4992  For what purpose is this Form 1240 being filed? Please put a  Original Form 1240 for Basic Tier  Amended Form 1240 for Basic Tier  Original Form 1240 for CPS Tier	State	ZIP Code		
its associated CUID(s): Franchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City  Albany  Telephone number  (518) 474-4992  For what purpose is this Form 1240 being filed? Please put a Original Form 1240 for Basic Tier  Amended Form 1240 for CPS Tier  Amended Form 1240 for CPS Tier	State NY Fax Number (518) 486-5727 an "X" in the appropriate box.	ZIP Code 12223	то	)     
its associated CUID(s): ranchise Authority Information:  Name of Local Franchising Authority  NYS Public Service Commission  Mailing Address of Local Franchising Authority  Agency Bldg Three, Empire State Plaza  City  Albany  Telephone number  (518) 474-4992  For what purpose is this Form 1240 being filed? Please put a  Original Form 1240 for Basic Tier  Amended Form 1240 for Basic Tier  Original Form 1240 for CPS Tier	State NY Fax Number (518) 486-5727 an "X" in the appropriate box.	ZIP Code		(m

7. Status of Previous Filing of FCC Form 1240 (enter an "x" in the app	ropriate box)		
	_	YES	NO
a. Is this the first FCC Form 1240 filed in any jurisdiction?	<u> </u>		X
b. Has an FCC Form 1240 been filed previously with the FCC?	Ĺ	X	
	If yes, enter the date of the most recent filing:	10/31/11	(mm/dd/yy)
		YES	NO_
c. Has an FCC Form 1240 been filed previously with the Franchising Author	ority?	X	
	If yes, enter the date of the most recent filing:	10/31/11	(mm/dd/yy)
8. Status of Previous Filing of FCC Form 1210 (enter an "x" in the app	ropriate box)		
		YES	NO NO
a. Has an FCC Form 1210 been previously filed with the FCC?		X	
	If yes, enter the date of the most recent filing:	05/31/98	(mm/dd/yy)
		YES	NO
b. Has an FCC Form 1210 been previously filed with the Franchising Author	ority?	x	
	If yes, enter the date of the most recent filing:	05/31/98	(mm/dd/yy)
9. Status of FCC Form 1200 Filing (enter an "x" in the appropriate box	x)		•
•		YES	NO
a. Has an FCC Form 1200 been previously filed with the FCC?	Ļ	X	
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
	_	YES	NO
b. Has an FCC Form 1200 been previously filed with the Franchising Author	ority?	X	
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
10. Cable Programming Services Complaint Status (enter an "x" in the	e appropriate box)		
	Г	YES	NO
a. Is this form being filed in response to an FCC Form 329 complaint?	L		X
	If yes, enter the date of the complaint:		(mm/dd/yy)
	Г	YES	NO NO
11. Is FCC Form 1205 Being Included With This Filing	L	<u>X</u>	
12. Selection of "Going Forward" Channel Addition Methodology (en	ter an "x" in the appropriate box)		
Check here if you are using the original rules [MARKUP METHOD]	].		
Check here if you are using the new, alternative rules [CAPS METHO	OD].		
If using the CAPS METHOD, have you elected to revise recovery for		YES	NO
channels added during the period May 15, 1994 to Dec. 31, 1994?	[		
13. Headend Upgrade Methodology			
*NOTE: Operators must certify to the Commission their eligibility to use this upgrad	le methodology and attach an equipment list and deprecia	ation schedule.	

## **Part I: Preliminary Information**

Module A: Maximum Permitted Rate From Previous Filing

	a a	aximum Permitted Rate F			
Line Description	Basic .	Tier 2	c Tier 3	d <u>Tie</u> r 4	e Tier 5
1 Current Maximum Permitted Rate	\$24.4452	\$0,0000	\$0.0000		
		Module B: Subscribers	ship		
ine Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
31 Average Subscribership For True-Up Period 1	3,528	0	0		•
32 Average Subscribership For True-Up Period 2					
33 Estimated Average Subscribership For Projected Period	3,399	0	0		
		Module C: Inflation Infor	mation		
Line Description				· · · · · · · · · · · · · · · · · · ·	
Line Line Description  Cl Unclaimed Inflation: Operator Switching From 1210 To 1240	_	** <u></u>		<u> </u>	
C2 Unclaimed Inflation: Unregulated Operator Responding to Rate	Complaint				1.00
C3 Inflation Factor For True-Up Period 1 [Wks 1]				•	1.00
C4 Inflation Factor For True-Up Period 2   Wks 1 ]					1.02
C5 Current FCC Inflation Factor					1.01
		odule D: Calculating the l	Pace Date		1.01
	8	b	c c	d	e e
Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
Current Headend Upgrade Segment					
O2 Current External Costs Segment	\$3.7110	\$0,0000	\$0,0000		
O3 Current Caps Method Segment	<u> </u>				
D4 Current Markup Method Segment				<u>-</u>	
OS Current Channel Movement and Deletion Segment					
O6 Current True-Up Segment	\$12.7236	\$0.0000	\$0.0000		
D7 Current Inflation Segment	\$0.1984	\$0.0000	\$0.0000		
D8 Base Rate [A1-D1-D2-D3-D4-D5-D6-D7]	\$7.8122	\$0.0000	\$0.0000	\$0.0000	\$0.00
		Part II: True-Un P Module E: Timing Infor	eriod nation		
Line Line Description					
El What Type of True-Up Is Being Performed? (Answer "1", "2", c	or *3*. See Instructions for a descrip	tion of these types.)			
If "1", go to Module 1. If "2", answer E2 and E3. If "3", an					
2 Number of Months in the True-Up Period I					
Number of Months between the end of True-Up Period 1 and the	e end of the most recent Projected Pe	eriod			
Number of Months in True-Up Period 2 Eligible for Interest		· · · · · · · · · · · · · · · · · · ·		ļ	

Module F: Maximum Permitted Rate For True-Up Period 1

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
F1 Ca	aps Method Segment For True-Up Period 1 [Wks 2]					<u> </u>
F2 M	larkup Method Segment For True-Up Period 1 [Wks 3]					
F3 Cl	han Mymnt Deleth Segment For True-Up Period 1 [Wks' 4/5]					
F4 Tr	rue-Up Period 1 Rate Eligible For Inflation [D8+F1+F2+F3]	\$7.8122			_	
F5 In	flation Segment for True-Up Period 1 [(F4*C3)-F4]	\$0.1574				
F6 H	eadend Upgrade Segment For True-Up Period 1 [Wks 6]		<u> </u>			
F7 Ex	xternal Costs Segment For True-Up Period 1 [Wks 7]	\$3.8697				
F8 Tr	rue-Up Segment For True-Up Period 1	\$12.7236	\$0.000	0 \$0.000	0	
F9 M	[ax Perm Rate for True-Up Period 1 [F4+F5+F6+F7+F8]	\$24.5629	\$0.000	0 \$0.000	0 \$0.0000	\$0,0000

Module G: Maximum Permitted Rate For True-Up Period 2

	WASHINGTON AND THE TAXABLE TO A							
Line	Line Description	a Basic	b Tier 2	c Tier 3	d <u>Tier 4</u>	e Tier 5		
GI	Caps Method Segment For True-Up Period 2 [Wks 2]							
G2	Markup Method Segment For True-Up Period 2 [Wks 3]							
G3	Chan Mymnt Deletn Segment For True-Up Period 2 [Wks' 4/5]							
G4	TU Period 2 Rate Eligible For Inflation [D8+F5+G1+G2+G3]							
G5	Inflation Segment for True-Up Period 2 [(G4*C4)-G4]							
G6	Headend Upgrade Segment For True-Up Period 2 [Wks 6]							
G7	External Costs Segment For True-Up Period 2 [Wks 7]							
G8	True-Up Segment For True-Up Period 2							
G9	Max Perm Rate for True-Up Period 2 [G4+G5+G6+G7+G8]	\$0.0000	\$0.0000	\$0,0000	\$0.0000	\$0.0000		

Module H: True\_Up Adjustment Calculation

Line Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
Adjustment For True-Up Period 1					
HI Revenue From Period 1	\$419,443.9200	\$0.0000	\$0.0000	\$0.0000	\$0.0000
H2 Revenue From Max Permitted Rate for Period 1	\$1,039,895.0957	\$0.0000	\$0.0000	\$0.0000	\$0.0000
H3 True-Up Period   Adjustment [H2-H1]	\$620,451.1757	\$0,0000	\$0.0000	\$0.0000	\$0.000
H4 Interest on Period 1 Adjustment	\$34,900,3786	\$0.0000	\$0.0000	\$0,0000	\$0.0000
Adjustment For True-Up Period 2					
H5 Revenue From Period 2 Eligible for Interest					
H6 Revenue From Max Perm Rate for Period 2 Eligible For Interest					
H7 Period 2 Adjustment Eligible For Interest [H6-H5]					
H8 Interest on Period 2 Adjustment (See instructions for formula)					
H9 Revenue From Period 2 Ineligible for Interest					
H10 Revenue From Max Perm Rate for Period 2 Ineligible for Interest					
H11 Period 2 Adjustment Ineligible For Interest [H10-H9]					
Total True-Up Adjustment					
H12 Previous Remaining True-Up Adjustment				4	
H13 Total True-Up Adjustment [H3+H4+H7+H8+H11+H12]	\$655,351.5543	\$0.0000	\$0.0000	\$0.0000	\$0.0000
H14 Amount of True-Up Claimed For This Projected Period	\$655,351.5543	\$0.0000	\$0.0000	\$0.0000	\$0.0000
H15 Remaining True-Up Adjustment [H13-H14]	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000

## Part III: Projected Period

Module I	: New	Maximum	Permitted	Rate

	· · · · · · · · · · · · · · · · · · ·	9	h		- A	•
Line	Line Description	Basic	Tler 2	Tier 3	Tier 4	Tier 5
11	Caps Method Segment For Projected Period [Wks 2]					
12	Markup Method Segment For Projected Period [Wks 3]					
13	Chan Mymnt Deletn Segment For Projected Period [Wks 4/5]					
I4	Proj. Period Rate Eligible For Inflation [D8+F5+G5+I1+I2+I3+W	\$7.9696				
15	Inflation Segment for Projected Period [(I4*C5)-I4]	\$0.1235				
16	Headend Upgrade Segment For Projected Period [Wks 6]					
17	External Costs Segment For Projected Period [Wks 7]	\$4.8873				
18	True-Up Segment For Projected Period	\$16.0673				
19	Max Permitted Rate for Projected Period [14+I5+I6+I7+I8+Wks I	\$29.0477	\$0.000			
110	Operator Selected Rate For Projected Period	\$11,0000	\$0.000	0		

#### **Certification Statement**

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT  W.S. CODE TITLE 18. SECTION (001). AND/OR FORFEITURE (U.S. CODE. TITLE 47. SECTION 503).  I Certify that the statements made in this form are truland correct to the best of my knowledge and belief, and are made in good faith.						
Shenatura	Date 10/18/12					
Name and Title of Person Completing this Form: Karen Conaty Sr. Financial Analyst						
Telephone number	Fax Number					
(315) 634-6255	(315) 234-0251					

## Worksheet 1 - True-Up Period Inflation

For instructions, see Appendix A of Instructions For FCC Form 1240

Line	Period	FCC Inflation Factor
101	Month 1	2.06%
102	Month 2	2.06%
103	Month 3	2.06%
104	Month 4	2.54%
105	Month 5	2.54%
106	Month 6	2.54%
107	Month 7	2.57%
108	Month 8	2.57%
109	Month 9	2.57%
110	Month 10	0.89%
111	Month 11	0.89%
112	Month 12	0.89%
113	Average Inflation Factor for True Up Period 1	1.0202
114	Month 13	
115	Month 14	
116	Month 15	
117	Month 16	
118	Month 17	
119	Month 18	
120	Month 19	
121	Month 20	
122	Month 21	
123	Month 22	
124	Month 23	
125	Month 24	
126	Average Inflation Factor for True Up Period 2	

## Worksheet 7 - External Costs True-Up Period

For instructions, see Appendix A of Instructions For FCC Form 1240

Total External Costs For Period

	a wearing see reppendix it of moductions for i e.e. i or	11 1240				
					True-Up Period	Projected Period
Questic	on 1. For which time period are you filling out this worl	ksheet? [Put an "X" in th	ne appropriate box.]		х	
Ouestic	on 2. How long is the first period, in months, for which	rates are being set with:	this worksheet?	'		12
	on 3. How long is the second period, in months, for wh	-				12
Line	Line Description	a Basic	5 Tier 2	c Tier 3	a Tler 4	e Tier 5
	Zime Description		Period 1	710,0		110.0
Exter	nal Costs Eligible for Markup					
701	Cost of Programming For Channels Added Prior to \$/15/94 or After 5/15/94 Using Markup Method For Period	\$142,888.23	\$0.00	\$0.00		
702	Retransmission Consent Fees For Period					
703	Copyright Fees For Period	\$9,508.67	\$0.00			
704	External Costs Eligible For 7.5% Markup	\$152,396.90				
705	Marked Up External Costs	\$163,826.6666	ï			
Exte	mal Costs Not Eligible for Markup					
706	Cable Specific Taxes For Period					
707	Franchise Related Costs For Period	\$0.00				
708	Commission Regulatory Fees For Period	\$0.00				
708.1	Price Cap Allowance per Section III.F.4.a of Time Warner Social Contract		\$0.00	•		
709	Total External Costs For Period	\$163,826.6666	\$0.0000	\$0.000	· \$0.0000	\$0.0000
710	Monthly, Per-Subscriber External Costs For Period	\$3.8697			<u>.</u> .	
		·- ···	Period 2			
Exte	rnal Costs Eligible for Markup					
711	Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period					""
712	Retransmission Consent Fees For Period					
713	Copyright Fees For Period	<u>"</u>				
714	External Costs Eligible For 7,5% Markup		***			
715	Marked Up External Costs					
Exte	rnal Costs Not Eligible for Markup					
716	Cable Specific Taxes For Period					
717	Franchise Related Costs For Period					
718	Commission Regulatory Fees For Period					
718.1	Price Cap Allowance per Section III.F.4.a of Time					

72	Monthly, Per-Subscriber External Costs For Period	***		· · · · · · · · · · · · · · · · · · ·
1/2	2			

### Worksheet 7 - External Costs Projected Period

For instructions, see Appendix A of Instructions For FCC Form 1240

Question 1. For which time period are you filling out this worksheet? [Put an "X" in the appropriate box.]

Question 2. How long is the first period, in months, for which rates are being set with this worksheet?

Question 3. How long is the second period, in months, for which rates are being set with this worksheet?

True-Up Period	Projected Period	
	x	
	12	

Line	Li Dd-d	a Basic	D Tier 2	c Tier 3	a Tier 4	e Tier 5
Line	Line Description		riod 1	Tier 3	1161 4	1ær 5
Exter	nal Costs Eligible for Markup					
701	Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period	\$176,216.40	\$0.00	\$0,00		
702	Retransmission Consent Fees For Period					
703	Copyright Fees For Period	\$9,218.09	\$0.00			
704	External Costs Eligible For 7.5% Markup	\$185,434.48				
705	Marked Up External Costs	\$199,342,0707				
Exte	rnal Costs Not Eligible for Markup	•				•
706	Cable Specific Taxes For Period					
707	Franchise Related Costs For Period					
708	Commission Regulatory Fees For Period	\$0.00				
708,1	Price Cap Allowance per Section III.F.4.a of Time Warner Social Contract	\$0.00	\$0.00			
709	Total External Costs For Period	\$199,342.0707	\$0.0000			
710	Monthly, Per-Subscriber External Costs For Period	\$4.8873				

#### Worksheet 8 - True-Up Rate Charged

For instructions, see Appendix A of Instructions For FCC Form 1240

Question 1. How long is the True-Up Period 1, in months? Question 2. How long is the True-Up Period 2, in months?

12

	The Beer Letter	a	b	c	d	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
108	Month 1	\$8.8900	\$0.0000	\$0.0000		
802	Month 2	\$10.0000	\$0.0000	\$0.0000		
803	Month 3	\$10,0000	\$0.0000	\$0.0000		
804	Month 4	\$10.0000	\$0.0000	\$0.0000		
805	Month 5	\$10.0000	\$0.0000	\$0.0000		
806	Month 6	\$10.0000	\$0,0000	\$0.0000		
807	Month 7	\$10.0000	\$0.0000	\$0.0000		
808	Month 8	\$10.0000	\$0.0000	\$0.0000		
809	Month 9	\$10.0000	\$0.0000	\$0,0000		
810	Month 10	\$10,0000	\$0.0000	\$0.0000	•	
811	Month 11	\$10.0000	\$0.0000	\$0.0000		
812	Month 12	\$10.0000	\$0.0000	\$0,0000		1
813	Period 1 Average Rate	\$9.9075				
814	Month 13					
815	Month 14					
816	Month 15					
817	Month 16					
818	Month 17					
R19	Month 18					
820	Month 19					
821	Month 20					
822	Month 21					
823	Month 22					
824	Month 23					1
825	Month 24					
826	Period 2 Average Rate					

Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach
Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY
•
Rome/Oneida/Camden/Sylvan Beach, NY
Rome/Oneida/Camden/Sylvan Beach, NY

Ch. No.	Call Sign	Name	Classification
2	WKTV	WKTV	Basic; TV Essentials
3	WSTM	WSTM	TV Essentials; Basic
4	WCNY	WCNY	TV Essentials; Basic
5	WTVH	WTVH	TV Essentials; Basic
7	WNYS	My 43 WNYS	Basic; TV Essentials
8	WSYT	WSYT	TV Essentials; Basic
9	WSYR	WSYR-9 (ABC Syracuse)	Basic; TV Essentials
10	YNN	YNN	TV Essentials; Basic
11	WUTR	WUTR (Not avail in Oswego Cty or Town of Vienna)	Basic; TV Essentials
12	WFXV	WFXV	Basic; TV Essentials
13	WSTQ	CW6	TV Essentials; Basic
14	CKWS	CKWS - TV / CH # 11	TV Essentials; Basic
15	TBS	TBS	TV Essentials; Basic
16	WGN AMER	WGN America	Basic; TV Essentials
17	TWCS	Time Warner Cable Sports	Basic; TV Essentials
18	WSPX	WSPX lon	TV Essentials; Basic
19	QVC	QVC: Quality Value Convenience Network	TV Essentials; Basic
83	LEGIS	New York State Legislative Channel	Not Available On CableCARDS; Basic*
96	HSN	HSN	TV Essentials; Basic
97	TVGN	TV Guide Network	Basic; TV Essentials
98	CSPA-1	C-SPAN: Cable Satellite Public Affairs Network	Basic; TV Essentials
99	PUBLIC	Public Access	Basic; TV Essentials

## FCC FORM 1240 UPDATING MAXIMUM PERMITTED RATES FOR REGULATED CABLE SERVICES

#### Cable Operator:

Name of Cable Operator				
Time Warner Cable - City of Oneida				
Mailing Address of Cable Operator				
P.O. Box 4733				
City	State	ZIP Code	-	
Syracuse	NY	13221-4733		
· · · · · · · · · · · · · · · · · · ·				
		YES	NO	
<ol> <li>Does this filing involve a single franchise authority and a single com</li> </ol>	munity unit?		X	
10 11 11 11 11 11 11				
If yes, complete the franchise authority information below				
and enter the associated CUID number here:			***	
A TS - 43 C MINOR CO. 13 C C C C D D - 3 C - modern book on 34 C b.	ta	YES	NO	
<ol><li>Does this flling involve a single franchise authority but multiple con</li></ol>	nmunity units?	X		
If you have the considered GUIDs halow and considere the formal base.		Salela mana		
If yes, enter the associated CUIDs below and complete the franchise	authority information at the bottom of	or mis page:		
	NY0356		l	
ì	N 1 0330			
		-		
3. Does this filing involve multiple franchise authorities?				
or a seed that the seed to the				
If yes, attach a separate sheet for each franchise authority and includ	a the following franchica authority in	formation with		
• • •	e the following tranchise additionty in	Hormanon with		
its associated CUID(s): Franchise Authority Information:				
Franchise Authority Information:				
Name of Local Franchising Authority	<del></del>			
NYS Public Service Commission			i i	
Mailing Address of Local Franchising Authority	<del></del>			
Agency Bldg Three, Empire State Plaza				
City	State	ZIP Code		
Albany	NY	12223		
Telephone number	Fax Number		-	
(518) 474-4992	(518) 486-5727			
4. For what purpose is this Form 1240 being filed? Please put an "X"	in the appropriate box.			
a. Original Form 1240 for Basic Tier			X	
b. Amended Form 1240 for Basic Tier				
c. Or				
d. Amended Form 1240 for CPS Tier				
			·o	
5. Indicate the one year time period for which you are setting rates (the	ie Projected Period).	02/13	01/14	(mm/yy)
			0	
6. Indicate the time period for which you are performing a true-up.		01/12	12/12	(mm/yy)

7. Status of Previous Filing of FCC Form 1240 (enter an "x" in the appro	opriate box)		
a In this the first PCC Form 1040 filed in a minimizer of	r	YES	NO
<ul><li>a. Is this the first FCC Form 1240 filed in any jurisdiction?</li><li>b. Has an FCC Form 1240 been filed previously with the FCC?</li></ul>	ŀ	X	X
	If yes, enter the date of the most recent filing: [	10/31/11	(mm/dd/yy)
	_	YES	NO
c. Has an FCC Form 1240 been filed previously with the Franchising Authori	ity?	X	
	If yes, enter the date of the most recent filing: [	10/31/11	(mm/dd/yy)
8. Status of Previous Filing of FCC Form 1210 (enter an "x" in the appro	opriate box)		
a. Has an FCC Form 1210 been previously filed with the FCC?	[	YES X	NO
	If yes, enter the date of the most recent filing:	05/31/98	(mm/dd/yy)
		YES	NO
b. Has an FCC Form 1210 been previously filed with the Franchising Authori	ity?	X	
	If yes, enter the date of the most recent filing: [	05/31/98	(mm/dd/yy)
9. Status of FCC Form 1200 Filing (enter an "x" in the appropriate box) $$		1000	No.
a. Has an FCC Form 1200 been previously filed with the FCC?	[	YES X	NO
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
		YES	NO
b. Has an FCC Form 1200 been previously filed with the Franchising Author	ity?	X	
	If yes, enter the date filed:	07/29/94	(mm/dd/yy)
10. Cable Programming Services Complaint Status (enter an "x" in the a	appropriate box)		
a. Is this form being filed in response to an FCC Form 329 complaint?	[	YES	NO X
	If yes, enter the date of the complaint:		(mm/dd/yy)
		YES	NO
11. Is FCC Form 1205 Being Included With This Filing	[		X
12, Selection of "Going Forward" Channel Addition Methodology (enter	r an "x" in the appropriate box)		
Check here if you are using the original rules [MARKUP METHOD].			
Check here if you are using the new, alternative rules [CAPS METHOL	D].		
If using the CAPS METHOD, have you elected to revise recovery for channels added during the period May 15, 1994 to Dec. 31, 1994?	ſ	YES	NO NO

13. Headend Upgrade Methodology
\*NOTE: Operators must certify to the Commission their eligibility to use this upgrade methodology and attach an equipment list and depreciation schedule.

Check here if you are a qualifying small system using the streamlined headend upgrade methodology.

## **Part I: Preliminary Information**

	2	b	- c	d	e
Line Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
A1 Current Maximum Permitted Rate	\$29,0477	\$0.0000	\$0.0000		
	<del></del>				

#### Module B: Subscribership

		1.20 to thirty 201 10 min 2 to 10 to			
	a	b	c	d	e
Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
B1 Average Subscribership For True-Up Period 1	3,399	0	0		
B2 Average Subscribership For True-Up Period 2					
B3 Estimated Average Subscribership For Projected Period	3,289	0	0		

#### **Module C: Inflation Information**

Line Line Description	
C1 Unclaimed Inflation: Operator Switching From 1210 To 1240	1,0000
C2 Unclaimed Inflation: Unregulated Operator Responding to Rate Complaint	1.0000
C3 Inflation Factor For True-Up Period 1 [Wks 1]	1.0167
C4 Inflation Factor For True-Up Period 2 [Wks 1]	
C5 Current FCC Inflation Factor	1.0155

#### Module D: Calculating the Base Rate

	· · · · · · · · · · · · · · · · · · ·	8	b	c		đ	e
Line	Line Description	Basic	Tier 2	Tier 3		Tier_4	Tier 5
D1	Current Headend Upgrade Segment						
D2	Current External Costs Segment	\$4.8873					
D3	Current Caps Method Segment						
D4	Current Markup Method Segment						
D5	Current Channel Movement and Deletion Segment						
D6	Current True-Up Segment	<u>\$16.0673</u>					
D7	Current Inflation Segment	\$0.1235					
D8	Base Rate [A1-D1-D2-D3-D4-D5-D6-D7]	\$7,9696	\$0.00	00	\$0.0000	\$0,0000	\$0.0000

## Part II: True-Up Period

#### **Module E: Timing Information**

		<del></del>	
Line	e Line Description	 	
E1	What Type of True-Up Is Being Performed? (Answer "1", "2", or "3". See Instructions for a description of these types.)		2
	If "1", go to Module I. If "2", answer E2 and E3. If "3", answer E2, E3, E4, and E5.		
E2	Number of Months in the True-Up Period 1		 12
E3	Number of Months between the end of True-Up Period I and the end of the most recent Projected Period	 ]	0
E4	Number of Months in True-Up Period 2 Eligible for Interest		
E5	Number of Months True-Up Period 2 Ineligible for Interest		

Module F: Maximum Permitted Rate For True-Up Period 1

Line	Line Description	a Basic	b Tier 2	c Tier 3	d Tier 4	e Tier 5
Fl	Caps Method Segment For True-Up Period 1 [Wks 2]			111.0	12.7	18,13
F2	Markup Method Segment For True-Up Period 1 [Wks 3]					
F3	Chan Mymnt Deletn Segment For True-Up Period 1 [Wks' 4/5]					
F4	True-Up Period 1 Rate Eligible For Inflation [D8+F1+F2+F3]	\$7.9696				
F5	Inflation Segment for True-Up Period 1 [(F4*C3)-F4]	\$0.1331				
F6	Headend Upgrade Segment For True-Up Period 1 [Wks 6]					
F7	External Costs Segment For True-Up Period 1 [Wks 7]	\$4.8873				
F8	True-Up Segment For True-Up Period 1	\$16.0673				
F9	Max Perm Rate for True-Up Period 1 [F4+F5+F6+F7+F8]	\$29,0572				

Module G: Maximum Permitted Rate For True-Up Period 2

					F		
		a	b		c	d	e
Line	Line Description	Basic	Tier 2		Tier 3	Tier 4	Tier 5
Ģl	Caps Method Segment For True-Up Period 2 [Wks 2]						
G2	Markup Method Segment For True-Up Period 2 [Wks 3]						
G3	Chan Mymnt Deletn Segment For True-Up Period 2 [Wks' 4/5]						
G4	TU Period 2 Rate Eligible For Inflation [D8+F5+G1+G2+G3]			]			
G5 -	Inflation Segment for True-Up Period 2 [(G4*C4)-G4]			]"			
G6	Headend Upgrade Segment For True-Up Period 2 [Wks 6]						
G7	External Costs Segment For True-Up Period 2 [Wks 7]			I			
G8	True-Up Segment For True-Up Period 2						
G9	Max Perm Rate for True-Up Period 2 [G4+G5+G6+G7+G8]	\$0.0000	\$	0.0000	\$0.0000	\$0.0000	\$0.0000

Module H: True-Up Adjustment Calculation

a D	b	c Tri 1	d m	e
Basic	Tier 2	Tier 3	Tier 4	Tier 5
\$445,269.00			<u></u>	
\$1,185,186.90				
\$739,917,90				
\$41,620.38				
\$0.00				
For Interest \$0.00				
\$0.00				
r formula) \$0.00				
\$0.00				
le for Interest \$0.00			I	
\$0.00				
H12] \$781,538.28				
iod \$781,538.28			I	
\$0.00				
	a Basic  \$445,269,00 \$1,185,186,90 \$739,917,90 \$441,620,38  For Interest \$0,00 r formula) \$0,00 le for Interest \$0,00  \$50,00	a b Basic Tier 2  \$445.269.00 \$1.185.186.90 \$739.917.90 \$41.620.38  For Interest \$0.00 r formula) \$0.00 le for Interest \$0.00 \$0.00  ##12] \$781.538.28 iod \$781.538.28	\$445,269.00 \$1,185,186.90 \$739,917.90 \$41,620.38 \$0.00 For Interest \$0.00 r formula) \$0.00 \$0.00 1 \$0.00 1 \$0.00 2 \$0.00 1 \$0.00 2 \$0.00 3 \$0.00 1 \$0.00 2 \$0.00 3 \$0.00 1 \$0.00 2 \$0.00 3 \$0.00 4 \$0.00 5 \$0.00 6 \$0.00 9 \$0.00 1 \$0.00 1 \$0.00 1 \$0.00 2 \$0.00 3 \$0.00 4 \$0.00 5 \$0.00 6 \$0.00 9 \$0.00 9 \$0.00 1 \$0.00 1 \$0.00 1 \$0.00 1 \$0.00 2 \$0.00 3 \$0.00 4 \$0.00 5 \$0.00 6 \$0.00 9 \$0.00 9 \$0.00 1 \$0.0	Basic   Tier 2   Tier 3   Tier 4

## **Part III: Projected Period**

#### Module I: New Maximum Permitted Rate

		А	b	С	đ	e
Line	Line Description	Basic	Tier 2	Tler 3	Tier 4	Tier 5
[[	Caps Method Segment For Projected Period [Wks 2]					
2	Markup Method Segment For Projected Period [Wks 3]					İ
3	Chan Mymnt Deletn Segment For Projected Period [Wks 4/5]					
4	Proj. Period Rate Eligible For Inflation [D8+F5+G5+I1+I2+I3+W	\$8.1027				
5	Inflation Segment for Projected Period [(I4*C5)-I4]	\$0,1256				
6	Headend Upgrade Segment For Projected Period [Wks 6]					
7	External Costs Segment For Projected Period [Wks 7]	\$5.0213				
8	True-Up Segment For Projected Period	\$19,8018				
9	Max Permitted Rate for Projected Period [14+15+16+17+18+Wks I	\$33.0514				
10	Operator Selected Rate For Projected Period	\$33.05				1

Certification Statement WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE (U.S.) CODE TITLE 18, SECTION (1801), AND/OR FORFEITURE (U.S. CODE, T	TTLE 47, SECTION 503).			
I certify thin the statements made in this form are true and correct to the best of my	knowledge and belief, and are made in good faith.			
	10/18/2012			
Name and Title of Person Completing this Form: Karen Conaty Sr. Fina	ncial Analyst			
Sephone number Fax Number				
(315) 634-6255	(315) 234-0251			

## Worksheet 1 - True-Up Period Inflation

For instructions, see Appendix A of Instructions For FCC Form 1240

Line	Period	FCC Inflation Factor
101	Month 1	2.03%
102	Month 2	2.03%
103	Month 3	2.03%
104	Month 4	1.55%
105	Month 5	1.55%
106	Month 6	1.55%
107	Month 7	1.55%
108	Month 8	1.55%
109	Month 9	1.55%
110	Month 10	1.55%
111	Month 11	1.55%
112	Month 12	1.55%
113	Average Inflation Factor for True Up Period 1	1.0167
114	Month 13	
115	Month 14	
116	Month 15	
117	Month 16	
118	Month 17	
119	Month 18	
120	Month 19	
121	Month 20	• ""
122	Month 21	
123	Month 22	
124	Month 23	
125	Month 24	
126	Average Inflation Factor for True- Up Period 2	

## Worksheet 7 - External Costs True-Up Period

For instructions, see Appendix A of Instructions For FCC Form 1240 True-Up Period Projected Period Ouestion 1. For which time period are you filling out this worksheet? [Put an "X" in the appropriate box,] Question 2. How long is the first period, in months, for which rates are being set with this worksheet? 12 Question 3. How long is the second period, in months, for which rates are being set with this worksheet? b đ Line Description Tier 2 Tier 3 Line Basic Tier 4 Tier 5 Period 1 External Costs Eligible for Markup Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup \$176,216.40 Method For Period Retransmission Consent Fees For Period \$9,218.09 703 Copyright Fees For Period External Costs Eligible For 7.5% Markup \$185,434.48 \$199,342,0707 Marked Up External Costs External Costs Not Eligible for Markup Cable Specific Taxes For Period Franchise Related Costs For Period \$0.00 Commission Regulatory Fees For Period \$0.00 Price Cap Allowance per Section III.F.4.a of Time 708.1 Warner Social Contract \$199,342,0707 Total External Costs For Period Monthly, Per-Subscriber External Costs For \$4.8873 Period I Period 2 External Costs Eligible for Markup Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period Retransmission Consent Fees For Period Copyright Fees For Period External Costs Eligible For 7.5% Markup Marked Up External Costs External Costs Not Eligible for Markup Cable Specific Taxes For Period Franchise Related Costs For Period Commission Regulatory Fees For Period Price Cap Allowance per Section III.F.4.a of Time Warner Social Contract **Total External Costs For Period** 

Monthly, Per-Subscriber External Costs For

Period 2

1

### Worksheet 7 - External Costs Projected Period

For instructions, see Appendix A of Instructions For FCC Form 1240

Question 1. For which time period are you filling out this worksheet? [Put an "X" in the appropriate box.]

True-Up Period Projected Period

X

Question 2. How long is the first period, in months, for which rates are being set with this worksheet? Question 3. How long is the second period, in months, for which rates are being set with this worksheet?

12

		A	b	e	đ	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
			Period 1			
Exter	nal Costs Eligible for Markup					
701	Cost of Programming For Channels Added Prior to 5/15/94 or After 5/15/94 Using Markup Method For Period	\$175,368.16				
702	Retransmission Consent Fees For Period			-		
703	Copyright Fees For Period	\$8,986.86				
704	External Costs Eligible For 7.5% Markup	\$184,355.03				
705	Marked Up External Costs	\$198,181.6551				
Exter	rnal Costs Not Eligible for Markup					
706	Cable Specific Taxes For Period					
707	Franchise Related Costs For Period					
708	Commission Regulatory Fees For Period	\$0.00				
708.I	Price Cap Allowance per Section III.F.4.a of Time Warner Social Contract	\$0.00				
709	Total External Costs For Period	\$198,181.6551				
710	Monthly, Per-Subscriber External Costs For Period 1	\$5.0213				

## Worksheet 8 - True-Up Rate Charged

For instructions, see Appendix A of Instructions For FCC Form 1240

Question 1. How long is the True-Up Period 1, in months?	12
Question 2. How long is the True-Up Period 2, in months?	

		а	Ъ	c	d	e
Line	Line Description	Basic	Tier 2	Tier 3	Tier 4	Tier 5
801	Month 1	\$10,0000				
802	Month 2	\$11.0000				
803	Month 3	\$11.0000	•			
804	Month 4	\$11.0000				
805	Month 5	\$11.0000				
806	Month 6	\$11.0000				
807	Month 7	\$11.0000				
808	Month 8	\$11.0000				
809	Month 9	\$11.0000				
810	Month 10	\$11.0000	····			
811	Month 11	\$11.0000				
812	Month 12	\$11.0000				
813	Period   Average R	\$10.9167				
						<b>.</b>
814	Month 13					
815	Month 14					
816	Month 15					
817	Month 16					
818	Month 17					
819	Month 18					
820	Month 19					
821	Month 20					
822	Month 21	·				
823	Month 22					
824	Month 23					
825	Month 24					
826	Period 2 Average R					

#### Lineup Name

Rome/Oneida/Camden/Sylvan Beach, NY Rome/Oneida/Camden/Sylvan Beach, NY

87465776845	n genng yn ei it it troog gitardoffry ball	Professional management of the Control of the Contr	fact of laterty in recommendation of the State State
	h yanguta Jakakeba		
2	WKTV		TV Essentials; Basic
3	WSTM	WSTM	TV Essentials; Basic
4	WCNY	WCNY	TV Essentials; Basic
5	WTVH	WTVH	TV Essentials; Basic
7	WNYS	My 43 WNYS	Basic; TV Essentials
8	WSYT	WSYT	TV Essentials; Basic
9	WSYR	WSYR-9 (ABC Syracuse)	Basic; TV Essentials
10	YNN	YNN	TV Essentials; Basic
11	WUTR	WUTR (Not avail in Oswego Cty or Town of Vienna)	Basic; TV Essentials
12	WFXV	WFXV	Basic; TV Essentials
13	WSTQ	cwe	Basic; TV Essentials
14	CKWS	CKWS - TV / CH # 11	TV Essentials; Basic
15	TBS	TBS	TV Essentials; Basic
16	WGN AMER	WGN America	Basic; TV Essentials
17	TWCS	Time Warner Cable Sports	TV Essentials; Basic
18	WSPX	WSPX Ion	Basic; TV Essentials
19	QVC	QVC: Quality Value Convenience Network	TV Essentials; Basic
83	LEGIS	New York State Legislative Channel*	Basic
86	SHPNBC	Shop NBC*	Basic; TV Essentials
96	HSN	HSN	TV Essentials; Basic
97	TVGN	TV Guide Network (guide)	Basic; TV Essentials
98	CSPA-1	C-SPAN: Cable Satellite Public Affairs Network	Basic; TV Essentials
99	PUBLIC	Public Access	TV Essentials; Basic