



System Name: Comcast of CT/GA/MA/NH/NY/NC/VA/VT, LLC.

Email: Patrick\_Moore@cable.comcast.com

Phone: 610-650-2999

Vendor ID: 265236

Contract Name: Halifax, MA

Statement Period:

Payment Amount:

Statement Number:

CUID: None

System ID: 8773-1000-5040

HALIFAX TOWN OF MA

499 Plymouth Street  
Halifax, MA 02338

This statement represents your payment for the period listed above.

Revenue Category	Amount
Expanded Basic Video Service	
Limited Basic Video Service	
Digital Video Service	
Pay	
PPV / VOD	
Video Equipment	
Digital Video Equipment	
Video Installation / Activation	
PEG Fees	
Other	
<b>Total</b>	
Franchise Fee %	5.00%
Less Comcast Studio Operating Costs Through 12-31-14 Only	
Franchise Fee	

To the best of my knowledge and belief, the above is a true and correct statement for the accounting of the gross revenues received by this corporation for the period.

\_\_\_\_\_  
Name

Analyst