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

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	7/10/2017	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	Barcode Data Filing Period (optional - see instructions)	
Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Bellevue Municipal Cable	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	Town of Bellevue	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	106 N Third St (Number, street, rural route, apartment, or suite number)	
	Bellevue, IA 52031 (City, town, state, zip)	
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	;
-	names 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:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Bellevue Municipal Cable	0
D Area	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Bellevue, IA	
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						TEM ID	
Name	Bellevue Municipal Cab						010		
Е	SECONDARY TRANSMISSION In General: The information in s				transmission or	nuico of th	o cablo		
—	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period						h		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the nu								
	separately for the particular serv						-		
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc					within a p			
	Block 1: In the left-hand block	in space E, the fe	orm lists the categ	ories of seco					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity		-		-				
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	DCK 1 NO. OF		BLOCK 2			2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBER	RATE	CATI	EGORY OF SER	VICE	SUBSCRIBERS	RATE	
	Residential:								
	Service to first set		705 69.99	Enhand			273	85.4	
	 Service to additional set(s) 			Lifeline	Basic		45	42.9	
	• FM radio (if separate rate)			HBO			30	18.9	
	Motel, hotel			Showti			13	15.9	
	Commercial		33 69.99	Cinema		ad Tiar	16	11.9	
	Converter Residential		705 6.99	Comme	ercial Enhanc	ea Her	12	85.4	
	Non-residential		705 6.99 33 6.99						
	SERVICES OTHER THAN SEC	ONDARY TRANS	SMISSIONS: RAT	ES					
E	In General: Space F calls for rat	•	,	•	• •				
F	not covered in space E, that is, the								
Comilana	service for a single fee. There ar furnished at cost or (2) services (lo give rale i					
Services		or facilities furnisi	hed to nonsubscrit		formation should	include b			
Services Other Than	amount of the charge and the un			ers. Rate in					
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	iit in which it is us rate column.	sually billed. If any	ers. Rate in rates are ch	arged on a varial	ole per-pro			
Other Than	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat	it in which it is us rate column. e charged by the	cable system for e	pers. Rate in rates are cheach of the a	arged on a varial	ole per-pro	gram basis,		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the	it in which it is us rate column. e charged by the your cable syste	cable system for e m furnished or offe	ers. Rate in rates are ch each of the a ered during t	arged on a varial applicable service the accounting pe	ole per-pro es listed. eriod that v	ogram basis, vere not		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that	it in which it is us rate column. e charged by the your cable syste separate charge v	cable system for e m furnished or offe was made or estat	ers. Rate in rates are ch each of the a ered during t	arged on a varial applicable service the accounting pe	ole per-pro es listed. eriod that v	ogram basis, vere not		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	it in which it is us rate column. e charged by the your cable syste separate charge v	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each.	ers. Rate in rates are ch each of the a ered during t	arged on a varial applicable service the accounting pe	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2		
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	it in which it is us rate column. e charged by the your cable syste separate charge tion and include BLOCK	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE	ers. Rate in rates are ch each of the a ered during t blished. List RVICE	arged on a varial applicable service the accounting pe	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	it in which it is us rate column. e charged by the your cable syste separate charge tion and include BLOCK	cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE stallation: Non-re	ers. Rate in rates are ch each of the a ered during t blished. List RVICE	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	it in which it is us rate column. e charged by the your cable syste separate charge tion and include BLOCK	cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE estallation: Non-re • Motel, hotel	ers. Rate in rates are ch each of the a ered during t blished. List RVICE	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which as brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	it in which it is us rate column. e charged by the your cable syste separate charge tion and include BLOCK	cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE stallation: Non-re • Motel, hotel • Commercial	ers. Rate in rates are ch each of the a ered during t blished. List RVICE	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	it in which it is us rate column. e charged by the your cable syste separate charge tion and include BLOCK	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE stallation: Non-re • Motel, hotel • Commercial • Pay cable	ers. Rate in rates are ch each of the a ared during f blished. List RVICE esidential	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	it in which it is us rate column. e charged by the your cable syste separate charge tion and include BLOCK	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE stallation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l	ers. Rate in rates are ch each of the a ared during f blished. List RVICE esidential	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	it in which it is us rate column. e charged by the your cable syste separate charge tion and include BLOCK	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. ATEGORY OF SE Istallation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection	ers. Rate in rates are ch each of the a ered during t vished. List RVICE esidential	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	it in which it is us rate column. e charged by the your cable syste separate charge v tion and include BLOCK RATE C. In	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE stallation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l	ers. Rate in rates are ch each of the a ered during t vished. List RVICE esidential	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	it in which it is us rate column. e charged by the your cable syste separate charge v tion and include BLOCK RATE C. In	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE stallation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protectio	ers. Rate in rates are ch each of the a ered during t vished. List RVICE esidential	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	it in which it is us rate column. e charged by the your cable syste separate charge v tion and include BLOCK RATE C. In	sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE stallation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protectio ther services:	ers. Rate in rates are ch each of the a ered during t vished. List RVICE esidential	arged on a varial applicable service the accounting pe these other servi	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2	RATE	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	it in which it is us rate column. e charged by the your cable syste separate charge v tion and include BLOCK RATE C. In	cable system for e m furnished or offe was made or estat the rate for each. (1 ATEGORY OF SE • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protectiot ther services: • Reconnect	ers. Rate in rates are ch each of the a ered during t lished. List RVICE esidential channel	arged on a varial applicable service the accounting period these other service RATE	ble per-pro es listed. eriod that v ces in the	ogram basis, vere not form of a BLOCK 2		

				FORM SA1-2E.	PAGE 3.
ame	LEGAL NAME OF OWNER OF			SYSTI	EM ID#
	Bellevue Municipal C				0
G mary mitters: wision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION entify every television station (including i m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections tions 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" onal multicast). is licensed by the	
	1. CALL SIGN	4. LOCATION OF STATION			
	KGAN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	CEDAR RAPIDS, IA	
	KLJB	5	N	DAVENPORT, IA	
as Necessary	KWQC	6	N	DAVENPORT, IA	
as necessary	KWWL	7	N	WATERLOO, IA	
	KCRG	9	N	CEDAR FALLS, IA	
				VED	
	KFXA 28.1 & 28.2	10 & 11	N	CEDAR RAPIDS, IA	
		10 & 11 13, 14, 15	N E-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA	
	KDIN 11.1,.2&.3	13, 14, 15		CEDAR RAPIDS, IA	
			E-M	· · · · · · · · · · · · · · · · · · ·	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3	13, 14, 15 16, 17, 18	E-M E-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2	13, 14, 15 16, 17, 18 19, 20 21, 22	E-M E-M N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30	E-M E-M N N	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32	E-M E-M N N N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	
	KDIN 11.1,.2&.3 KPXR 48.1,.2&.3 WQPT 24.1, 24.2 KGAN 2.2, 2.3 KWQC 6.2, 6.3 KWWL 7.2, 7.3 KCRG 9.2, 9.3	13, 14, 15 16, 17, 18 19, 20 21, 22 29, 30 31, 32 33, 34	E-M E-M N N N-M N-M	CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA CEDAR RAPIDS, IA DAVENPORT, IA WATERLOO, IA CEDAR FALLS, IA	

EGAL NAME OF Bellevue Mu			ISIEM:					SYSTEM
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static ion's sig g a chec 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	at the system's he system's FM ant this point, see pa sed by the cable he station is licen	eadend, and (2 enna, during c age (v) of the <u>c</u> system as a so used by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Bellevue Municipal Ca	ble						0
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	G			
I I	In General: In space I, identi		-		-	ion that your c	ahla sveta	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting per 				s. anv nonnet	twork televisio	n program	ı
Statement and	broadcast by a distant sta	-	···· , ···	, ,	-,- ,		YES	X NO
Program Log	, , , , , , , , , , , , , , , , , , ,						-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete th	ne progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			te Kare II.e. ekkendettenen		- 1		
	In General: List each subst clear. If you need more spa				wnerever pos	sible, if their m	leaning is	
				sion program ("substitute	orogram") tha	t. during the a	ccountina	
	period, was broadcast by a							
	under certain FCC rules, re							۱.
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	"Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the		nsed by the F0	CC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	itified).		
			when your sys	tem carried the substitute	orogram. Use	numerals, with	h the mon	ith
	first. Example: for May 7 giv		substituto pro	gram was carried by your	cablo system	List the times	accurate	hy .
	to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example: e	i program oann		io p.ini to 0.2			
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	in	
	eneci on October 19, 1970.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUR		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	DELETION
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2017/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			ę	SYSTEM ID#
	Bellevue Municipal Cable				0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	stem's se	econdary trans to compute this	mission servi s amount, see \$ 38	се
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	.ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe 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				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS		re than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K	· · · · · · · · <u>-</u>			
	5. Enter the amount from line 3	· · · · · · · - <u>-</u>			
	6. Subtract line 5 from line 4	-			
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8		· · · · · · · · · · · · · · · · · · ·		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 an	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K		382,556.00		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		118,756.00		
	4. Multiply line 3 by .01	· · · · · · · · <u>-</u>	\$	1,187.56	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	· · · · · · · - <u>-</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	····· -		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6	······	\$	2,506.56
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>.</u>	\$	2,506.56	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,526.56
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period:	: 2017/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Inicipal Cable	SYSTEM ID:
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television browers, and (2) the cable system's total number of activated channels during the accounting period television broadcast stations	
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to w ct about this statement of account.)	whom
for Further Information	Name	Emily Medinger	Telephone 563-872-4456
	Address	106 N 3rd St (Number, street, rural route, apartment, or suite number)	
		Bellevue, IA 52031 (City, town, state, zip)	
	Email	emily.medinger@bellevueia.gov Fax (opti	ional) 563-872-4094
O Certification	• I, the undersig	DN (This statement of account must be certified and signed in accordance with Copyright Of gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Wher other than corporation or partnership) I am the owner of the cable system as identified in the term of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in the term of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in the term of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in the term of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in the term of the cable system as identified in the term of the cable system as identified in the term of the cable system as identified in the term of the cable system as identified in the term of the cable system as identified in the term of the cable system as identified in the term of the cable system as identified in the term of the cable system as identified in the term of the term of the cable system as identified in the term of term of the term of ter	n line 1 of space B; or
	I have examinare true, comp	in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact blete, and correct to the best of my knowledge, information, and belief, and are made in good faitl iction 1001(1986)]	y identified as owner of the cable system
		Enter an electronic signature on the line above to certify this signature using an "/s/ signature" (e.g., /s/ John Smith)	itatement.
		Typed or printed name: Emily Medinger	
		Title: Telecommunications Manager	
		(Title of official position held in corporation or partnership)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 t 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 lav

	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
evue Municipal Cable	
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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 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	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.