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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
AMOUNT								
\$								
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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
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
		Southwestern Bell Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2270 Lakeside Blvd
		(Number, street, rural route, apartment, or suite number)
		Richardson, TX 75082
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	Southwestern Bell Telephone Company	63543							
	Instructions: List each separate community served by the cable system. A "comm								
D	"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 first 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.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	HARLINGEN	TX							
Community	ALTON	TX							
•	Brownsville	TX							
	CAMERON UNINCORPORATED COUNTY	TX							
Add Rows as Necessary		TX							
	EDINBURG COUNTY								
	HIDALGO UNINCORPORATED COUNTY	TX							
	MCALLEN	TX							
	MISSION	TX							
	Penitas	TX							
	PHARR	TX							

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63543

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Southwestern Bell Telephone Company

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,012	\$19	HD Tech Fee	552	\$10.00
					\$0-
 Service to additional set(s) 			Set-Top Box	1,021	\$15
					\$4.99-
• FM radio (if separate rate)			Broadcast TV Surcharge	1,012	\$7.99
Motel, hotel					
Commercial	9	\$20			
Converter					
 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Video on Demand	\$0- \$100
• Pay cable—add'l channel	\$5-\$199	Commercial		Service Activation Fee	\$0- \$35
Fire protection		• Pay cable		Credit Management Fe	\$0- \$449
•Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99 \$0-
Installation: Residential		Fire protection		Wireless Receiver	\$49
First set	\$0-\$199	 Burglar protection 		HD Premium Tier	\$7
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$50
FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	7.00
Converter		Disconnect			
		Outlet relocation	\$0-\$55	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63543

Southwestern Bell Telephone Company

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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.

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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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 identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCWT-CD/KCWTCH	21/1021	l	La Feria, TX
KFXV-LD/KFXVLH	67/1067	l	McAllen, TX
KGBT/KGBTHD	4/1004	N	Harlingen, TX
KLUJ	44	<u> </u>	Harlingen, TX
KNVO/KNVOHD	48/1048	<u> </u>	McAllen, TX
KRGV/KRGVHD	5/1005	N	Weslaco, TX
KTFV-CD	32	l	McAllen, TX
KTLM/KTLMHD	40/1040	<u> </u>	Rio Grande City, TX
KVEO/KVEOHD	2/1023	N	Brownsville, TX
XERV/XERVHD	9/1009	<u> </u>	Reynosa, Tamaulipas
XHAB/XHABHD	7/1007	l	Matamoros, Tamaulipas
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Southwestern Bell Telephone Company

63543

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

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).

ALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Southwestern Bell Tele	ephone C	ompany					63543		
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEMEI	NT AND PROGRAM LO)G					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	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?									
Statement and										
Program Log	broadcast by a distant station?									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each subst				wherever pos	sible, if their	r meaning is			
	clear. If you need more space Column 1: Give the title				program") tha	at. during the	e accounting			
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitut	ed for the prog	ramming of	another stat			
	under certain FCC rules, reg							1.		
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tbail. List specific progra	m uues, ioi ex	аттріе, т со	ve Lucy of			
	Column 2: If the program	n was broad								
	Column 3: Give the call s					naad by tha	FCC or in			
	Column 4: Give the broat the case of Mexican or Cana						FCC or, in			
	Column 5: Give the mon	th and day					with the mor	ith		
	first. Example: for May 7 giv		oubotituto pro	arom was sarried by you	aabla ayatam	list the tim	oo oogurata			
	Column 6: State the time to the nearest five minutes.							У		
	stated as "6:00-6:30 p.m."	·			•	•				
	Column 7: Enter the lette									
	to delete under FCC rules a was substituted for program							am		
	effect on October 19, 1976.	9 ,		o pominiou to doloto una						
					1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N CUDOTI	TUTE			
	s	UBSTITUT	E PROGRAM	1		EN SUBSTI IAGE OCCI		7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то			
							<u> </u>			
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Accounting Period:	2019/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company		(63543
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hot 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.	secondary trans w to compute thi	smission servis amount, se	ice
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-mont	n
	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 1 and	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,	100)	
	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	·		
	5. Enter the amount from line 3			
	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 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527	7,600)	
	Enter the amount of gross receipts from space K	401,080.09	<u>-</u>	
	Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1	137,280.09	-	
	4. Multiply line 3 by .01	. \$	1,372.80	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	·	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		\$	2,691.80
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,691.80	
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		\$	2,711.80
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	_		ghts!

Accounting Period:	2019/1							FORM SA1-	-2E. PAGE 7
Name	LEGAL NAME OF OWNER Southwestern Bell Te							SY	STEM ID# 63543
M Channels	CHANNELS Instructions: You must to its subscribers, and (2) 1. Enter the total number system carried televisions. 2. Enter the total number on which the cable system and nonbroadcast services.	r of channels on which on broadcast stations. r of activated channels tem carried television b	otal numbers the cable	er of activated ch	nannels during th	e accounting per	iod.	20 597	
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about th			RMATION IS NE	EDED (Identify a	n individual to wh	nom		
for Further Information	Name Susa	n Redding					Telephone	972-269-1938	
	(Number	Lakeside Blvd er, street, rural route, apartn ardson, TX 75082 wn, state, zip)		e number)					
	Email	sr7272@att.com	n			Fax (option	nal)		
O Certification	(Agent of own in line 1 of	er other than corporation or pare than corporation or pare than corporation or pare space B and that the overtner) I am an officer (if space B. Itement of account and horrect to the best of my keep 1986)]	tion or par wner is not f a corporat hereby decl knowledge. Enter an e Enter sign:	r one, of the boxe I am the owner Intership) I am the a corporation or Ition) or a partner Ilare under penalt It, information, and It is	es.) of the cable system de duly authorized partnership; or (if a partnership) or y of law that all state d belief, and are m Santogrossi re on the line abov s/ signature" (e.g., ntogrossi inance	m as identified in agent of the own of the legal entity in aterments of fact contade in good faith.	line 1 of space B; er of the cable systement dentified as owner ontained herein	stem as identified	

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 telephon 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 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

ccounting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
outhwestern Bell Telephone Company	63543
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 made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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