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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:		
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT			
Cable System				\$	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this	workbook	8/5/2020	ALLOCATION NUMBER	Tel: (202) 707-8150		
					]		
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))			
		2020/1	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 th of the subsidiary, not that of the parent co		liary of another corporation, give the full cor	porate title		
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.			
		If there were different owners during the a single statement of account and royalty fer		ne last day of the accounting period should s ng period.	ubmit a		
		Check here if this is the system's first filing	If not, enter the system's ID number a	ssigned by the Licensing Division.	62364		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		CITY OF BRYAN OHIO					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		841 E. EDGERTON ST.					
		(Number, street, rural route, apartment, or suite nu BRYAN, OH 43506-1413 (City, town, state, zip)	imper)				
	INST	RUCTIONS: In line 1, give any busine	ess or trade names used to ident	tify the business and operation of the	system unless these		
С		s already appear in space B. In line 2					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	mber)				
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CITY OF BRYAN OHIO	62364
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BRYAN	OH
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name	CITY OF BRYAN OHIO	ADLE STSTEM	•					515	6236
Е	SECONDARY TRANSMISSION								
<b>-</b>	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	r 31, as the ca	se may be	e).		C C	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv		0	0 ) (				s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc							aa that aabla	
	Block 1: In the left-hand block systems most commonly provide	•		Ũ		•			
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as	a subscriber in	each app	licable category	/. Example	: a residential	
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system					convice that ar	different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		Ũ						
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:							4 000	
	Service to first set		246	36.74	EXIEN	DED BASIC		1,008	79.
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential     Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	6				
F	In General: Space F calls for rate	te (not subscril	ber) info	rmation with re	spect to a	Il your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services	•			•		0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		<b>U</b>	
ransmissions:	Block 1: Give the standard rat			-		• •		twore not	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable		• Mot	el, hotel					
	• Pay cable—add'l channel		• Con	nmercial					
	Fire protection		• Pay	cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set		• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:					
	• FM radio (if separate rate)		• Rec	onnect					
	Converter		• Disc	connect					
	1	[							
			• Out	let relocation					
				let relocation /e to new addre	ess				

counting Period: 2	2020/1			FORM SA1-2E. PAGE 3.		
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#		
Name	CITY OF BRYAN OHIC	)		62364		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, With <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. e number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a substitute by your cable system on a substitute basis and also the Special Statement and Program Li- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a further (for network multicast), "I" (for independent stations in the paper SA1-2 form. t the community to which the station is the community with which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	WNWO	24	N	TOLEDO, OH		
	WTOL	11	N	TOLEDO, OH		
ows as Necessary	WUPW	36	N	TOLEDO, OH		
	WGTE	30	Е	TOLEDO, OH		
	WTVG	13	Ν	TOLEDO, OH		
	WANE	15	N	FORT WAYNE, IN		
	WDFM	10	I	DEFIANCE, OH		
	WFWA	39	E	FORT WAYNE, IN		
	WINM	63	N	ANGOLA, IN		
		***************************************				

EGAL NAME OI								SYSTEM 623
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral 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: 2020/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CITY OF BRYAN OHIC	)						62364
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	)G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	tion, that vo	our cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in:	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank lf vour answer i	s "Ves " vouu	- must.comp		
	-	, leave life	rest of this pa	ige blatik. It your answer t	s res, your	nusi comp	iele li le pi o	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.				,	, -	,	
				er "Yes." Otherwise enter				
				asting the substitute prog			H FOO	
	the case of Mexican or Car			the community to which the community with which the			uie FCC 01,	
				stem carried the substitut			ls, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.0	1. 15 p.m. to t	.20.30 p.n		
		er "R" if the	listed program	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete une	der FCC rules	s and regul	ations in	
		•						•
						N SUBST		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		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		TIMES — TO	DELETION
		100 01 110	0,122 01011		7		10	
							_	
							_	
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							_	
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							_	
					]		_	
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							_	
					] [		_	

Accounting Period:	2020/1 FORM SA1-2	2E. PAGE 6.
Name		TEM ID#
	CITY OF BRYAN OHIO	62364
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form         Gross receipts from subscribers for secondary transmission service(s)       4         during the accounting period.       88,1         IMPORTANT: You must complete a statement in space P concerning gross receipts.       4	24.00 receipts)
	COPYRIGHT ROYALTY FEE	
L 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 than or equal to \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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 you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	52.00
	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 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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	
	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
		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 less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/1								FORM SA1-2E. PAGE	E 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:							SYSTEM I 623	
<b>M</b> Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's f number of channels on whic television broadcast stations number of activated channel able system carried television rast services	total numb th the cabl ls n broadcas	ber of activa le st stations	ated channels dur	ring the ad	ccounting period		8 92	
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		ORMATION	IS NEEDED (Ide	ntify an in	idividual to whom			
for Further Information	Name	JOE FERRELL						Telephone	419-633-6131	
	Address	841 E. EDGERTON S (Number, street, rural route, apart BRYAN, OH 43506 (City, town, state, zip)		ite number)						
	Email						Fax (optional)	)		
O Certification	I, the undersign     (Owne     X     (Agen     in     (Offic     in     I have examined	(This statement of account m ed, hereby certify that (Check or or other than corporation or p t of owner other than corpor line 1 of space B and that the of er or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m on 1001(1986)]	one, <i>but or</i> partnersh ration or p owner is n (if a corpo d hereby do	nly one, of th ip) I am the partnership, not a corpora oration) or a leclare unde lge, informat	he boxes.) owner of the cabl ) I am the duly aut tition or partnership partner (if a partner r penalty of law th	horized ag p; or ership) of f at all state	as identified in lir gent of the owner the legal entity id ements of fact col	ne 1 of space r of the cable s	system as identified mer of the cable system	
		Typed or printer	Enter sig	gnature using	ignature on the line g an "/s/ signature" FITZCHARL	' (e.g., /s/		nent.		
		Title: (Title of c			ERATIONS N poration or partnershi		ER			
		Date:					8/5/2020	)		

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counting Period: 2020/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
TY OF BRYAN OHIO	6236
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?         NO         YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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 Assessmen
	_
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days 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       -         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       \$ -	
x	
x	
x	
Line 3       Multiply line 2 by the number of days late and enter the sum here       x	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -	
x	
x	

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