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				
DATE RECEIVED AMOUNT				
8/27/2020	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		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					
		2260 E Imperial Hwy Room 839 (Number, street, rural route, apartment, or suite number)					
		El Segundo, CA 90245 (City, town, state, zip)					
	-	Professional State					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s					
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 suffciency of the fling, a determination that would be made by a court of law.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company Instructions: List each separate community served by the cable system. A "community" is the same as a "community or "a separate and distinct community served by the cable system. A "community" is the same as a "community or "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system is 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 home parks should be reported in dentified city. CITY OR TOWN STA HARLINGEN T. Add Rows as Necessary CAMERON UNINCORPORATED COUNTY T. BEINBURG HIDALGO UNINCORPORATED COUNTY T. MCALLEN MISSION T. PHARR T.) PHARR T.) South Padre Island T.)	areas and including single, entification hereafter know
Instructions: List each separate community served by the cable system. A "community" is the same as a "community or undicipal entity (including unincorporated communities within unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system is 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 home parks should be reported in identified city. CITY OR TOWN	nit" as defined in FCC rules areas and including single, entification hereafter know
Instructions: List each separate community served by the cable system. A "community" is the same as a "community or a separate and distinct community or municipal entity (including unincorporated communities within unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system idescrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system idescrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system idescrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system idescrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system idescrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system idescrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system idescrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community on all future filings. **Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in identified city. **Entitle Add Rows as Necessary** **Community** **CITY OR TOWN **STA* **HARLINGEN **TOTATION **TO	nit" as defined in FCC rules areas and including single, entification hereafter know
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system is 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 home parks should be reported in identified city. CITY OR TOWN STA HARLINGEN TO Brownsville TO CAMERON UNINCORPORATED COUNTY TO BOUNDED HIDALGO UNINCORPORATED COUNTY TO MCALLEN MISSION TO Penitas TO PHARR	entification hereafter know
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South Padre Island Ti	

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southwestern Bell Telephone Company

63543

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 it each category by counting the number of billings in that category (the number of persons or organizations charge 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 residentia 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, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	COBCONIBENC	TUTTE	CATEGORY OF SERVICE	COBCONIBLINO	TOTIL
Service to first set	824	\$19	HD Tech Fee	400	\$10.00
Service to additional set(s)			Set-Top Box	834	\$0- \$15 \$8.99-
• FM radio (if separate rate)			Broadcast TV Surcharge	824	\$9.99
Motel, hotel					
Commercial	10	\$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 no listed in block 1 and for which a separate charge was made or established. List these other services in the form of ε brief (two- or three-word) description and include the rate for each.

BLOCK 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- \$150
• 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	\$10
Additional set(s)		Other services:		DVR Upgrade Fee	\$105
• FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	\$7
Converter		Disconnect		Progran Downgrade F	\$5
		Outlet relocation	\$0-\$55	Non-return Equip Fee	\$0-\$150
		Move to new address			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Southwestern Bell Telephone Company

63543

PRIMARY TRANSMITTERS: TELEVISION

G

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 othe 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

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	<u> </u>	McAllen, TX
KFXVLD/KFXVLH	2/1002	l	McAllen, TX
KGBT/KGBTHD	4/1004	N	Harlingen, TX
KLUJ	44	I	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	23/1023	N	Brownsville, TX
KVEOD2/KVEOH2	23	N	Brownsville, TX
XERV/XERVHD	9/1009	<u> </u>	Reynosa, Tamaulipas
XHAB/XHABHD	7/1007	1	Matamoros, Tamaulipas

Add Rows as Necessary

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Southwestern Bell Telephone Company			5	63543	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the a (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.	system's se on of how t	condary transmi o compute this a	ssion service imount, see	1	
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 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper \$A1-2 form for more information.					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his six-mon		
	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 ii	nes 1 and 2	2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,10	00)		
	Base amount under statutory formula	\$	263,800.00			
	2. Enter amount of gross receipts from space K					
	3. Subtract line 2 from line 1					
	State of the amount of gross receipts from space K					
	Enter the amount from line 3					
	6. Subtract line 5 from line 4					
	7. Multiply line 6 by .005 (enter figure here)		-		0.00	
	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 \$26	3,800 (but	ess than \$527,	600)		
	Enter the amount of gross receipts from space K	\$	377,581.29			
	2. Base amount under statutory formula	\$	263,800.00			
	3. Subtract line 2 from line 1	\$	113,781.29			
	4. Multiply line 3 by .01		\$	1,137.81		
	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 .	·····	\$	2,456.81	
	FILING FEE AND TOTAL REMITTANCE DU	JE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,456.81		
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			\$	2,476.81	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!	

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: Bell Telephone Company		SYSTEM ID# 63543
M Channels		• , ,	channels on which the cable system carried television broadcast stations tal number of activated channels during the accounting period.	
		number of channels on which elevision broadcast stations .	the cable	23
	on which the ca	number of activated channels ble system carried television b ast services	roadcast stations	600
N Individual to Be Contacted		BE CONTACTED IF FURTHE	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Myriam Nassif	Telephone	310-964-1930
	Address	2260 E Imperial Hwy (Number, street, rural route, apartm		
		El Segundo, CA 9024 (City, town, state, zip)	5	
	Email	mn112s@att.co	m Fax (optional)	
	CERTIFICATION (This statement of account mu	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, but only one, of the boxes.)	
	(Owne	r other than corporation or pa	artnership) I am the owner of the cable system as identified in line 1 of space B	3 ; or
			tion or partnership) I am the duly authorized agent of the owner of the cable s vner is not a corporation or partnership; or	system as identified
	X (Office		a corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
		e, and correct to the best of my	nereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	
			X /s/ Michael Santogrossi	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Michael Santogrossi	
		Title:	Vice President – Finance icial position held in corporation or partnership)	
		Date:	August 26, 2020	

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unting Period: 2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
thwestern 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 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 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please 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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