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						
10/29/20	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

#### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	2020/1 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								
	Johnson City Energy Authority								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	BrightRidge								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	2600 Boones Creek Rd. [Number, street, rural route, apartment, or suite number)								
	Johnson City, TN 37615 (City, town, state, zip)								
С	INSTRUCTIONS: 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Johnson City Energy Authority	FORM SA1-2E. PAGE 1b.  SYSTEM ID#  0
D Area Served	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules: rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter known re filings.
Florid	CITY OR TOWN	STATE TN
First Community	Johnson City	IN
Add Rows as Necessary		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Johnson City Energy Authority SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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 BLOCK 1 BLOCK 2 NO. OF NO OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 147 26.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 10 34.00 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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.

CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF S	RVICE RATE
Continuing Services: Installation: Non-residential	
Pay cable     Motel, hotel	
Pay cable—add'l channel     Commercial	
• Fire protection • Pay cable	
•Burglar protection • Pay cable-add'l channel	
Installation: Residential • Fire protection	
• First set • Burglar protection	
Additional set(s)     2.99 Other services:	
• FM radio (if separate rate) • Reconnect 25.00	
• Converter • Disconnect	
• Outlet relocation 75.00	
Move to new address	

Accounting Period: 2020/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Johnson City Energy Authority PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: substitute program basis, as explained in the next paragraph. Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WETP** 24 Ε SNEEDVILLE, TN **WCYB** 5 BRISTOL, VA N **WJHL** 11 Ν JOHNSON CITY, TN Add Rows as Necessary **WEMT** 28 N **GREENEVILLE, TN WKPT** 32 N KINGSPORT, TN WLFG 14 ı GRUNDY, VA

### Johnson City Energy Authority

#### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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ccounting Perio		CABLE SYS	STEM:			FO	RM SA1-2E. PAGE 5			
Name							0			
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#									
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
		LIDOTITLIT	E DDOODAN		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO					
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S	1	5. MONTH	5, 11 11 11 15 2 5 5 5 5 1 11 12 2				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO				
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Johnson City Energy Authority	S	STEM ID#
K	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans		
Gross Receipts	(as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	\$ 24 (Amount of gro	,972.00 ss receipts)
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 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 SA1-2 form for more information.	\$263,80(	
	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 fo accounting period is \$52.00	r this six-month	
	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		
	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 less than \$527	7,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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	0.00	
	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)	52.00	
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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r		

Accounting Period:	2020/1							FORM	SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: nergy Authority							SYSTEM ID#
M Channels	1. Enter the total system carried to the total on which the carried to the total on which the carrier to the total on th	u must give (1) the number and (2) the cable system's number of channels on whice elevision broadcast stations number of activated channels ble system carried television ast services	total num ch the cal s	mber of act	vated channels during t	the accounting period.	stations	172	
N Individual to Be Contacted		BE CONTACTED IF FURTION THIS STATEMENT OF ACCOUNTS ACCOUNTS		FORMATIO	N IS NEEDED (Identify	an individual to whom			
for Further Information	Name	Terri K. Firestein				Tele	ephone <b>301-78</b>	8-6889	
		10806 Garrison Holl (Number, street, rural route, apar Clear Spring, MD 21	tment, or si						
	Email	(City, town, state, zip) tfireccg@myac				Fax (optional)			
_	CERTIFICATION (	This statement of account n	nust be c	certified and	d signed in accordance	with Copyright Office reg	gulations)		
O Certification	• I, the undersigned	d, hereby certify that (Check o	one, <i>but or</i>	only one , of	the boxes.)				
	(Owner	other than corporation or p	oartnersh	hip) I am the	e owner of the cable syste	em as identified in line 1 c	of space B; or		
	in li	of owner other than corpora ne 1 of space B and that the	owner is r	not a corpo	ration or partnership; or		·		
	in li	r or partner) I am an officer ( ne 1 of space B. the statement of account and						cable system	
		, and correct to the best of my					eu nerem		
				n electronic	ri K. Firestein signature on the line abov ig an "/s/ signature" (e.g.,	ve to certify this statement /s/ John Smith)	t.		
		Typed or printed	d name:	Terri I	(. Firestein	111111111111111111111111111111111111111			
		Title:			Consultant orporation or partnership)				
		Date:				August 10, 2020			

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counting Period:	2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID#
hnson City E	nergy Authority	0
The Satellite F lowing sentend "In dete service scriber  For more infor located in the During the acc	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  Itome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- section in the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- section amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  mation on when to exclude these amounts, see the note on page (vii) of the general instructions to paper SA1-2 form.  counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation 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
	x	
Line 2 Multip	y line 1 by the interest rate* and enter the sum here	
	x days	
Line 3 Multip	y line 2 by the number of days late and enter the sum here	
	x 0.00274	
	y line 3 by 0.00274** and enter here ee L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	(interest charge)  he interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
	he Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
	ne decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number First communi	h served	
Accounting pe		

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