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.

T OFFICE USE ONLY	emaii
AMOUNT	copli
\$	For a conta Office
ALLOCATION NUMBER	(202)
	AMOUNT \$

Return completed workbook by l to

<u>csoa@copyright.gov</u>

dditional information, ct the U.S. Copyright Licensing Division at 707-8150.

Α	ACCO	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
		MURRAY ELECTRIC PLANT BOARD
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 1095
		(Number, street, rural route, apartment, or suite number)
		MURRAY, KY 42071 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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)
Drive ev. A et Neties	Castian	- 444 of Tills 47 of the United States Code authorized the Convicted Office to call at the account of the information (DU) accurated on this

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 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 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	MURRAY ELECTRIC PLANT BOARD	6224
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobi	unity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	MURRAY	КҮ
Community		
Add Rows as Necessary		

									1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							SYS	STEM ID
	MURRAY ELECTRIC PL	ANT BOARI	כ						6224
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RAT	TES				
E	In General: The information in s			-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondary	, transmission	service.	In general, you	can com	pute the numbe	r of subsci	ibers in	
Rates	each category by counting the n		,	0,0		1 0		charged	
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· · ·	,		y standa		, within a b		
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A two	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		2,077	21.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		165	1.10					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemies						•
_	In General: Space F calls for rat				pect to a	ll your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t		,			• •			
	service for a single fee. There are	•					• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If any fat	es are cr	larged on a van	able per-pr	ografii basis,	
Fransmissions:	Block 1: Give the standard rat		he cable	e system for eac	h of the a	applicable servi	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				hed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.			1		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resid	lential				
	• Pay cable	18.50	• Mot	el, hotel					
	 Pay cable—add'l channel 		• Cor	nmercial					
	Fire protection		• Pay	^r cable					
	 Burglar protection 		• Pay	′ cable-add'l cha	nnel				
	Installation: Residential		• Fire	protection					
	• First set		• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	• FM radio (if separate rate)		• Rec	connect		24.95			
	Converter		• Disc	connect		30.00			
			• Out	let relocation		14.95			Τ
			• Mov	ve to new addre	~~				1
			10101	ve to new addres	55	24.95			

counting Period: 2	2022/1			FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER O			SYSTEM II 6224
	MURRAY ELECTRIC			6224
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sul- e Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the p on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSIL	3	N	HARRISBURG, IL
	WSIL-D2	98	N-M	HARRISBURG, IL
Add Rows as Necessary	WSIL-D3	99	N-M	HARRISBURG, IL
	WSIL-D4	102	N-M	HARRISBURG, IL
	WTVF	5	Ν	NASHVILLE, TN
	WTVF	5.2	N-M	NASHVILLE, TN
	WPSD	6	N	PADUCAH, KY
	WPSD-D2	6.2	N-M	PADUCAH, KY
	WPSD-D3	7.1	N-M	PADUCAH, KY
	WNPT	8	E	NASHVILLE, TN
	KBSI	9	I	CAPE GIRARDEAU, MO
	KBSI-MYTV	16	I-M	CAPE GIRARDEAU, MO
	KBSI-COMET	95	I-M	CAPE GIRARDEAU, MO
	KFVS	12	Ν	CAPE GIRARDEAU, MO
	KFVS-D2	17	N-M	CAPE GIRARDEAU, MO
	KFVS-D3	99	N-M	CAPE GIRARDEAU, MO
	KFVS-D4	102	N-M	CAPE GIRARDEAU, MO
	KFVS-D5	89	N-M	CAPE GIRARDEAU, MO

LEGAL NAME O									SYSTEM 622
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					ied on an	н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call State whether t the radio stati this by placing	y the sys be receint t the Cop sign of the static ion's sig g a check	II-Band FM Carriage: Under them whenever it is received a void at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	it 1 sy hi:	the system's hear stem's FM anter s point, see page d by the cable sy	idend, and (2) nna, during ce e (v) of the ge ystem as a se) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			on (the community to which the the community with which the				C or, in th	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WKMS	FM		MURRAY, KY						
	[- 								

Accounting Perio	d: 2022/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MURRAY ELECTRIC P	LANT BO	ARD					62240
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identit							
Cubatituta	substitute basis during the ac explanation of the programmi	•••		•				
Substitute Carriage:	1. SPECIAL STATEMENT	-			general motio			
Special	During the accounting peri				is. anv nonne	twork televisio	on program	1
Statement and Program Log	broadcast by a distant stat		·		, ,		YES	
r rogram Log	,			- blank Kurun analus is i	"X"	 • • • • • • • • • • • • •		
	Note: If your answer is "No,	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete t	ine progran	n
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their i	meaning is	
	clear. If you need more spa				n ro grono") the	t during the		
	period, was broadcast by a	of every nor distant stati	nnetwork televi	sion program ("substitute ur cable system substitute	d for the prod	it, during the a	nother stat	ion
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instructio	ns for further	informatior	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		lcast live ente	· "Yes." Otherwise enter "N	No "			
				sting the substitute progra				
				e community to which the			CC or, in	
	the case of Mexican or Can Column 5: Give the mon			em carried the substitute			ith the mon	ith
	first. Example: for May 7 giv		when your sys		program. Ooc	numerale, w		
				gram was carried by your				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sho	ould be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system w	as required	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regulation	is in	
	,,							
	S	UBSTITUT	E PROGRAM	r		EN SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES TO	DELETION
							-	
		+						
					+			
						_		
1					11			

Accounting Period:	2022/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
	MURRAY ELECTRIC PLANT BOARD 6224
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 of 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, see 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.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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
	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 \$ 266,704.40
	2. Base amount under statutory formula \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01 \$ 29.04
	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
	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) \$ 1,348.04
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,368.04
	EFT Trace # or TRANSACTION ID #
	Important: 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:	2022/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: CTRIC PLANT BOARD				SYSTEM ID# 62240
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	ers, and (2) the cable system's t tal number of channels on whic ied television broadcast stations tal number of activated channel e cable system carried televisio	total num ch the cal us els on broado		counting period.	17 325
N Individual to Be Contacted		TO BE CONTACTED IF FURTH to about this statement of accou		ORMATION IS NEEDED (Identify an indi	ividual	
for Further Information	Name	TINA COX			Telephone	(270) 762-1719
	Address	P.O. BOX 1095 (Number, street, rural route, apartin MURRAY, KY 42071 (City, town, state, zip)	ment, or su	ite number)		
	Email	tcox@murrayele	ectric.ne	t	Fax (optional	
O Certification	I, the undersign (Owr X (Agen (Offi I have examine are true, comp	ned, hereby certify that (Check or ther other than corporation or par- in tof owner other than corporation in line 1 of space B and that the cer or partner) I am an officer (if in line 1 of space B. ed the statement of account and H lete, and correct to the best of my ction 1001(1986)] Typed or printed Title:	ne, <i>but or</i> artnersh ation or p e owner is if a corpor hereby de y knowled K Enter an Enter sig name: GENE	rtified and signed in accordance with Con- <i>ily one</i> , of the boxes.) ip) I am the owner of the cable system as artnership) I am the duly authorized agen is not a corporation or partnership; or ration) or a partner (if a partnership) of the eclare under penalty of law that all statement ige, information, and belief, and are made /s/ Tony Thompson electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh TONY THOMPSON RAL MANAGER I position held in corporation or partnership)	identified in line 1 of space I t of the owner of the cable s legal entity identified as own nts of fact contained herein in good faith.	system as identified
		Date:			07/14/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RRAY ELECTRIC PLANT BOARD	62240
 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 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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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