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			
08/25/2023	\$ 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

	1							
Α	ACCOUNTING 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							
	DIRECTV, LLC							
		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)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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.

DIRECTV, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 king 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 parentheses below the identified city. CITY OR TOWN STATE HARLINGEN TX Brownsville TX		T	FORM SA1-2E. PAG			
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"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN						
CITY OR TOWN STATE	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				
First HARLINGEN TX Community ALTON TX Brownsville TX Rows as Necessary CAMERON UNINCORPORATED COUNTY TX EDINBURG TX HIDALGO UNINCORPORATED COUNTY TX MCALLEN TX MISSION TX			home parks should be reported in parentheses below the			
First HARLINGEN TX Community ALTON TX Brownsville TX Rows as Necessary CAMERON UNINCORPORATED COUNTY TX EDINBURG TX HIDALGO UNINCORPORATED COUNTY TX MCALLEN TX MISSION TX						
Community ALTON TX Brownsville TX Rows as Necessary CAMERON UNINCORPORATED COUNTY TX EDINBURG TX HIDALGO UNINCORPORATED COUNTY TX MCALLEN TX MISSION TX						
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Rows as Necessary CAMERON UNINCORPORATED COUNTY EDINBURG TX HIDALGO UNINCORPORATED COUNTY TX MCALLEN MISSION TX	Community		TX			
EDINBURG TX HIDALGO UNINCORPORATED COUNTY TX MCALLEN TX MISSION TX		Brownsville	TX			
EDINBURG TX HIDALGO UNINCORPORATED COUNTY TX MCALLEN TX MISSION TX	Rows as Necessary	CAMERON UNINCORPORATED COUNTY	TX			
HIDALGO UNINCORPORATED COUNTY TX MCALLEN TX MISSION TX		EDINBURG	TX			
MCALLEN TX MISSION TX		HIDALGO LININCORPORATED COUNTY				
MISSION						
		PHARK	IX.			

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DIRECTV, LLC

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 charges 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			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	291	\$26	HD Tech Fee	248	\$10.00
					\$0-
Service to additional set(s)			Set-Top Box	299	\$15
					\$8.99-
• FM radio (if separate rate)			Broadcast TV Surcharge	291	\$9.99
Motel, hotel					
Commercial	8	\$20			
Converter					
Residential					
Non-residential					
					1

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 transmissior 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			
					\$0-
Pay cable		Motel, hotel		Video on Demand	\$100
					\$0-
 Pay cable—add'l channel 	\$5-\$199	Commercial		Service Activation Fee	\$35
					\$0-
Fire protection		• Pay cable		Credit Management Fe	\$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	60-\$150
		Move to new address			

Accounting Period: 2023/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63543 DIRECTV, LLC

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 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
KCWT-CD/KCWTCH	21/1021	<u> </u>	La Feria, TX
KFXV-LD/KFXVLH	60/1060	<u> </u>	McAllen, 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	<u> </u>	McAllen, TX
KTLM/KTLMHD	40/1040	<u> </u>	Rio Grande City, TX
KVEO/KVEOHD	23/1023	N	Brownsville, TX
KVEOD2/KVEOH2	23/1023	N	Brownsville, TX
		111111111111111111111111111111111111111	
		111111111111111111111111111111111111111	
		111111111111111111111111111111111111111	
	•		
	l		

Add Rows as Necessary

Accounting Period:			A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DIRECTV, LLC	s	YSTEM ID:					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trai (as identified in space E) during the accounting period. For a further explanation of how to compute to 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.	nsmission service his amount, see	8,853.49					
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 the 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 accounting period is \$52.00	for this six-mon						
1	Line 1. Royalty fee for accounting period	\$	52.00					
İ	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	· · · · · <u>\$</u>	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	37,100)						
	1. Base amount under statutory formula	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	· · · <u> </u>	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 \$5	527,600)						
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	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	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Total Remittance 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					
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form for more infor		jhts!					

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name	DIRECTV, LLC	OWNER OF CABLE SYSTEM:				SYSTEM ID# 63543
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's	total number o	which the cable system carried to activated channels during the a	accounting period.	16
	Enter the tota on which the c	I television broadcast stations Il number of activated channe table system carried television cast services	els n broadcast sta			587
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		ATION IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name Address	Myriam Nassif 2260 E Imperial Hwy	7 Room 839)	Telephone	310-964-1930
		(Number, street, rural route, apart El Segundo, CA 902. (City, town, state, zip)		mber)		
	Email	mn112s@att.co	om		Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
	(Agen		ation or partne	am the owner of the cable system ership) I am the duly authorized a corporation or partnership; or		
	in	line 1 of space B.		n) or a partner (if a partnership) of		
		te, and correct to the best of m	•	re under penalty of law that all stat nformation, and belief, and are ma		ein
			Enter an elect	Nicholas Sinovich		
		Typed or printed		e using an "/s/ signature" (e.g., /s/	John Smith)	
		Title: (Title of o	VP, Finan	icial Ops d in corporation or partnership)		
		Date:			8/24/2023	

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counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RECTV, LLC	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	P Special Statement Concerning Gross Receipts Exclusion
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	
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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	u l

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