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						
08/02/2023	\$ 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))						
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	(Wumber, 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:	2023/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID# 63789
	Johnson City Energy Authority Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincor	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	identified city.	
	CITY OR TOWN	STATE
First	Johnson City	TN
Community		
Add Rows as Necessary		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63789 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 last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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. DI OCK 1

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	694	32.05					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	34	32.05					
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 not 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	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) 		Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
 Converter 		Disconnect			
		Outlet relocation	75.00		
		Move to new address			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63789 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 Primary 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 Transmitters: 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 Television 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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Johnson City Energy Authority

63789

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
O/ LEE OIOI4	71101 01 1 101	O/D	ECONTION OF STATION	O/ LE CICIT	7 (101 01 1 101	O/D	EGOXITION OF STATION
							
							

Accounting Perio	nd: 2023/1						EOD	M SA1-2E. PAGE 5.	
accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUKI	SYSTEM ID#	
Name	Johnson City Energy	Authority						63789	
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAG In General: In space I, identification of the programm 1. SPECIAL STATEMEN • During the accounting pe	tify every no accounting p ning that mu	nnetwork televiperiod, under spist be included	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE	v a distant sta CC rules, reg he general ins	ulations, o	r authorization In the paper S	ns. For a further A1-2 form.	
Program Log	broadcast by a distant station? Note: If your answer is "Yes," you must complete the program								
	log in block 2. 2. LOG OF SUBSTITUT In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, redonot use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 gincolumn 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	E PROGRA titute prograce, please of every not distant sta egulations, dries like "mo Bulls." m was broa sign of the adcast stati nadian stati nadian stati nath and day ve "5/7." es when th Example:	AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broadc on's location (ons, if any, the v when your sy e substitute pr a program car e listed prograr ions in effect of	ate line. Use abbreviations I rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general programmer "Yes." Otherwise enter "asting the substitute programmer community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:01 m was substituted for progluring the accounting period	e program") the program titles, for each tit.	ossible, if hat, during ogrammin ions for fuexample, "censed by entified). se numera m. List the i:28:30 p.r. t your systeter "P" it	their meaning the account g of another informal Love Lucy" the FCC or, als, with the retimes accurate should be the listed print the listed print the requirement of the listed print the requirement of the listed print the list	g is ting station tion. or in nonth ately	
	effect on October 19, 1976	your system w	as permitted to delete und	П	N SUBST				
	1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S		CARRI 5. MONTH	AGE OC	CURRED TIMES	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то _		
							<u> </u>	'	
							<u>–</u>		
		<u> </u>					<u> </u>		
								'	
							- -		
									

Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Johnson City Energy Authority		63789
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pa all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ansmission service this amount, se	9,992.00
	CODYNICUT DOVALTY FFF		
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 equa * 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 pa accounting period is \$52.00	ay for this six-mont	
	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 lines 1 and 2	<u>-</u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1	37,100)	
	1. Base amount under statutory formula	00	
	2. Enter amount of gross receipts from space K	00	
	<u> </u>		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	139,992.00	
	5. Enter the amount from line 3	123,808.00	
	6. Subtract line 5 from line 4	16,184.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	80.92
	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	··· <u></u> \$	80.92
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$	5527,600)	
	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		
	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		
Filia - F-			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	80.92	
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	\$	100.92
	EFT Trace # or TRANSACTION ID #		
	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 and the Excel instructions tab		

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Energy Authority				SYSTEM ID# 63789
M Channels	to its subscribers 1. Enter the total	s, and (2) the cable system's number of channels on which	total number	on which the cable system carried or of activated channels during the	accounting period.	6
	on which the ca	number of activated channe able system carried television ast services	n broadcast s			172
N Individual to Be Contacted		about this statement of accou		RMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Terri K. Firestein			Telephone 3	801-788-6889
	Address	10806 Garrison Hollo	ment, or suite r	number)		
		Clear Spring, MD 21 (City, town, state, zip)	/22			
	Email	tfireccg@myac	tv.net		Fax (optional)	
0	CERTIFICATION	(This statement of account m	nust be certif	fied and signed in accordance with	Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but only o</i>	one, of the boxes.)		
	(Owne	r other than corporation or p	artnership) l	I am the owner of the cable system	as identified in line 1 of space B	; or
				tnership) I am the duly authorized aເ a corporation or partnership; or	gent of the owner of the cable sy	ystem as identified
		er or partner) I am an officer (line 1 of space B.	if a corporatio	ion) or a partner (if a partnership) of t	the legal entity identified as own	er of the cable system
		e, and correct to the best of my		are under penalty of law that all state , information, and belief, and are mad		
			X /s	s/ Terri K. Firestein		
				ectronic signature on the line above to ture using an "/s/ signature" (e.g., /s/		
		Typed or printed	I name: T	Геггі K. Firestein		
		Title:		ctor Regulatory Complian held in corporation or partnership)	се	
		Date:			August 1, 2023	

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ccounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ohnson City Energy Authority	63789
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 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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