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.

## SA3E Long Form

Return completed workbook by email to:

# **STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

OFFICE USE ONLY
AMOUNT
\$
ALLOCATION NUMBER

#### coplicsoa@copyright.gov

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

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CITY OF MONROE 4561202	Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:								
B         Give the full legal name of the owner of the cable system. If the owner is a subsidiary of nonther corporation. Use taray other name or names under which the owner conducts the business of the cable system.         Give the full corporation.           List any other name or names under which the owner conducts the business of the cable system.         If there wave different owner during the accounting period in the list day of the accounting period should submit a signed statement of account and royally the payment covering the entire accounting period should submit a signed statement of account and royally the payment covering the entire accounting period and the list day of the accounting period should submit a signed statement of account and royally the payment covering the entire accounting period and the list day of the accounting period and the accounting period and the list day of the accounting period and the list day of the accounting period and the list day of the accounting the accounting period and the list day of the accounting the accounting day accounting the accounting day accounting and the accounting the accounting day accounting the accounting day accounting the accounting day accounting betwere the accounting day accounting the accounting day acco	-		2021/1								
CITY OF MONROE       4561 2021         4561 2021       4561 2021         P. O. Box 725       Monroe, GA 30655-0725         C       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.         1       DENTIFICATION OF CABLE SYSTEM:         2       MALING ADDRESS OF CABLE SYSTEM:         2       MALING ADDRESS OF CABLE SYSTEM:         2       Malung appress or complete space D instructions, see page 1b. identify only the frst community served below and relist on page 1b with all communities.         Citry OR TOWN       STATE         First       Citry OR TOWN         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         Citry OR TOWN (SAMPLE)       STATE         Sample       MD       A         Adda       1         Adda       MD       8 <th>_</th> <th colspan="10">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. 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.</th>	_	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. 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.									
A561202         4561202 <td< th=""><th></th><th>LE</th><th>EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</th><th></th><th></th><th></th><th></th></td<>		LE	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
4561 2021       P. O. Box 725 Monroe, GA 30655-0725       C       System       1       DENTIFICATION OF CABLE SYSTEM:       2       (Humber, street, rural route, spatnent, or sulte number)       (Edity, town, state, space)       Barrea       Served       First       Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       Sample       Ada       Adita       Adita       Adita       Adita       Adita			CITY OF MONROE								
P. O. Box 725 Monroe, GA 30655-0725       C     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     IDENTIFICATION OF CABLE SYSTEM:       2     MAILING ADDRESS OF CABLE SYSTEM:       2     Mailing address of cable system.       2     Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.       Community     CITY OR TOWN     STATE       Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)     STATE       Sample     Adda     MD     A       Mola     1       Privacy Act Notice: Section 111 of tile 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. PI is any personal information that can be used to identify or trace an individual, such as name, address and telephone						456	120211				
Monroe, GA 30655-0725         C       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       Immes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear is a sample for reporting communities if you report multip						4561	2021/1				
Monroe, GA 30655-0725         C       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       Immes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear in space B.       Immes already appear in space B.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear in space B.       Immes already appear in space G.         Immes already appear is a sample for reporting communities if you report multip			P. O. Box 725								
C       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         DENTIFICATION OF CABLE SYSTEM:         AMILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural roule, apartment, or suite number)         (City, town, state, zip code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       CITY OR TOWN         Served       CITY OR TOWN         First       MONROE         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Alda       MD         Alliance       MD         Gering       MD         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											
System       Immodule data by ppoint in space 0. In this 2, give the maning data dee of the system, it diversities in the first one of the system in the data dee of given in space 0.         System       Immodule data deep oppoint in space 0. In this 2, give the maning data dee of the system, it diversities in the data deep oppoint in space 0.         D       MalLING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)         (City, town, state, 2p code)       Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.         Served       Citry OR TOWN       STATE         MONROE       GA         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       Citry OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB GRP#         Aida       MD       A       1         Alida       MD       A       1         Alida       MD       B       2         Gering       MD       B       3         Privacy Act Notice: Section 111 of tile 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	•	INS	STRUCTIONS: In line 1, give any business or trade names used to it	dentify the busines	s and operation of the syste	m unless t	hese				
1       MAILING ADDRESS OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number: street, rural route, apartment, or suite number)         (City, town, state, zip code)       (City, town, state, zip code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       CITY OR TOWN         First       MONROE         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Aida       1         Alda       MD       A         Alliance       MD       B       2         Gering       MD       B       3         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	C	nar	mes already appear in space B. In line 2, give the mailing address of	the system, if diffe	rent from the address giver	n in space l	3.				
2       (Number, street, rural route, apartment, or sulte number)         (City, town, state, zip code)         Area Served       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area Served       CITY OR TOWN         First Community       CITY OR TOWN         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)         Sample         Alda         Alda         Alliance         Gering         MD         Below is 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	System	1	IDENTIFICATION OF CABLE SYSTEM:								
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b         Area       with all communities.         Served       CITY OR TOWN         First       MONROE         Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Alda         Alda       MD         Alliance       MD         Gering       MD         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			MAILING ADDRESS OF CABLE SYSTEM:								
D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.         Served       CITY OR TOWN       STATE         First       MONROE       GA         Sample       Alda       MD       A       1         Alda       MD       B       2         Area       MD       B       3         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		2	(Number, street, rural route, apartment, or suite number)								
Area Served     with all communities.       First     MONROE     GA       Formunity     Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2       Gering     MD     B     3			(City, town, state, zip code)								
Area Served       with all communities.         First Community       MONROE       GA         Below is a sample for reporting communities if you report multiple channel line-ups in Space G.       CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB GRP#         Alda       MD       A       1         Alliance       MD       B       2         Gering       MD       B       3	D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	unity served below and reli	st on page	1b				
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Community       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB GRP#         Alda       MD       A       1         Alliance       MD       B       2         Gering       MD       B       3         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	Served		CITY OR TOWN	STATE							
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Alda       MD       A       1         Aliance       MD       B       2         Gering       MD       B       3         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	Community	E	Below is a sample for reporting communities if you report multiple cha	annel line-ups in Sp	bace G.						
Sample       MD       B       2         Alliance       MD       B       2         Gering       MD       B       3         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						SUB					
Gering         MD         B         3           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	Sample										
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											
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		Gel	ing	UNID	ß		3				
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	Privacy Act Notice	: Sec	ction 111 of title 17 of the United States Code authorizes the Copyright Offce to collect	the personally identifyin	g information (PII) requested on th	nis					
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	form in order to pro	cess	your statement of account. PII is any personal information that can be used to identify	or trace an individual, si	uch as name, address and telepho	one					
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		0			•	n					
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.				• •							

	CV3E	PAGE	1h
-URIVI	SAJE.	PAGE	ID.

FORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
CITY OF MONROE			4561	
<b>Instructions:</b> List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	rated communitie community that y	s within unincorpo ou list will serve a	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	e parks should be	reported in paren	theses	
If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rele designated by a number (based on your reporting from Part 9).	column blank. If	you report any sta	tions	
When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
MONROE	GA	Α	1	First
GOOD HOPE	GA	A	1	Community
TOWN OF BETWEEN	GA	Α	1	
TOWN OF BOSTWICK	GA	Α	1	
				See instructions for
				additional information on alphabetization.
				on alphabetization.
				Add rows as necessary.
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	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM ID#			
Name	CITY OF MONROE								4561			
E	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											
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
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 Rates	, ,	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										
Rales	separately for the particular serv							schargeu				
	Rate: Give the standard rate c							ge and the				
	unit in which it is generally billed	· ·		,	ny standar	d rate variation	s within a	particular rate				
	category, but do not include disc Block 1: In the left-hand block				rios of soc	andany transmis	sion convi	co that cable				
	systems most commonly provide			•								
	that applies to your system. <b>Note</b>											
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category	. Example	: a residential				
	subscriber who pays extra for ca					in the count ur	nder "Serv	ice to the				
	first set" and would be counted of Block 2: If your cable system h					service that are	different	from those				
	printed in block 1 (for example, t											
	with the number of subscribers a					•	,	-				
	sufficient.											
	BLO	OCK 1 NO. OF	-				BLO	CK 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE			
	Residential:				-		-					
	Service to first set		2,537	\$ 38.28								
	<ul> <li>Service to additional set(s)</li> </ul>											
	<ul> <li>FM radio (if separate rate)</li> </ul>											
	Motel, hotel		310	\$ 5.00								
	Commercial											
	Converter											
	Residential     Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		3							
-	In General: Space F calls for rat					l your cable sys	tem's serv	vices that were				
F	not covered in space E, that is, t											
Samiana	service for a single fee. There ar	•			0		0 (	,				
Services Other Than	furnished at cost or (2) services amount of the charge and the un											
Secondary	enter only the letters "PP" in the			2		a.gea en a ran	an 10 h 21 h	i ogi alli saolo,				
Transmissions:	Block 1: Give the standard rat											
Rates	Block 2: List any services that listed in block 1 and for which a				-							
	brief (two- or three-word) descrip				SHEU. LISU	lilese olilei sei		e lonn of a				
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2	RATE			
	Continuing Services:	UATEO										
	Continuing Services:       Installation: Non-residential         • Pay cable       \$ 14.65											
	• Pay cable—add'l channel											
	Fire protection											
	•Burglar protection											
	Installation: Residential		• Fir	e protection								
	• First set	\$ 25.00	•	rglar protectior	I							
	Additional set(s)     Solutional set(s)     Solutional set(s)     Solutional set(s)     Solutional set(s)     Solutional set(s)     Solutional set(s)											
	• FM radio (if separate rate)			econnect		\$ 20.00						
	• Converter		•	sconnect Itlet relocation		\$ 25.00						
			_	ove to new add	229	\$ 25.00						
			- 1010		000							

FORM SA3E. PAGE 2.

		STEM:			SYSTEM ID#	Name
CITY OF M					4561	
	MITTERS: TELEVISIO					
					and low power television stations) d only on a part-time basis under	G
					ain network programs [sections	Ū
	., .,,,	, ,	-	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary
	am basis, as explaine asis Stations: With i		•••	s carried by your o	able system on a substitute program	Transmitters: Television
	cifc FCC rules, regula					relevision
			t it in space I (th	e Special Statem	ent and Program Log)—if the	
	arried only on a subs here, and also in spa		ation was carried	l both on a substi	tute basis and also on some other	
basis. For fur	ther information conc				f the general instructions located	
in the paper S Column 1: Li		sian. Do not r	eport origination	n program service	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
		streams must	be reported in	column 1 (list eac	h stream separately; for example	
VETA-simulcast Column 2: Gi	,	per the FCC h	as assigned to	the television stat	ion for broadcasting over-the-air in	
			-		may be different from the channel	
•	able system carried th		ation is a nature	rk station on inde	prendent station or a noncommercial	
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
-	of these terms, see		-			
	il service area, see pa			,	es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If	you have entered "Ye	es" in column	4, you must cor	nplete column 5,	stating the basis on which your	
-	rried the distant station nt station on a part-tir	-	÷ .	•	tering "LAC" if your cable system	
					capacity.	
	ismission of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
of a written agree	ement entered into or	n or before Ju	ne 30, 2009, be	tween a cable sys	/ payment because it is the subject stem or an association representing	
of a written agree he cable system	ement entered into or n and a primary trans	n or before Ju mitter or an as	ne 30, 2009, be ssociation repre	tween a cable system senting the prima	stem or an association representing ry transmitter, enter the designa-	
of a written agree he cable system ion "E" (exempt)	ement entered into on n and a primary trans ). For simulcasts, also	n or before Ju mitter or an as o enter "E". If	ne 30, 2009, be ssociation repre you carried the	tween a cable system senting the prima channel on any of	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further	
of a written agree he cable system ion "E" (exempt) explanation of th <b>Column 6:</b> G	ement entered into or n and a primary transi ). For simulcasts, also nese three categories vive the location of ea	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo	ne 30, 2009, be ssociation repre you carried the ) of the general ir U.S. stations,	tween a cable system senting the prima channel on any of instructions locate list the community	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	
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U.S. Copyright Office

Name	LEGAL NAME OF C		E SYSTE	М:				SYSTEM ID# 4561						
H Primary Transmitters: Radio	<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>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.</li> <li>For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>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.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of</li> </ul>													
				he community with which the			. ,							
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION						
	NONE													
							+							
							+							
	[							1						

ACCOUNTING	PERIOD:	2021/1
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LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
CITY OF MONROE						4561	Name
SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOG	ì			
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorization	s. For a further	Substitute
1. SPECIAL STATEMEN				e general mot			Carriage:
During the accounting per broadcast by a distant stat	iod, did you			s, any nonne	twork television progra	am XNo	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			ge blank. If your answer is '	ʻYes," you mu	ust complete the progr	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitiles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a gram was substituted for pr	ce, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static hadian static th and day ve "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach addition nnetwork telev ion and that yo or authorization to use general ( 3A Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute p our cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra uring the accounting period	rogram) that, d for the prog eral instruction "basketball" lo." m. station is lice station is lice program. Use cable system. 15 p.m. to 6:2 mming that y l; enter the le	during the accounting pramming of another si- ons located in the pape . List specific program ensed by the FCC or, in ntified). . List the times accurat 28:30 p.m. should be rour system was requir tter "P" if the listed pro	g tation er n n onth tely red	
effect on October 19, 1976.				WHE	EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM		5. MONTH	6. TIMES	FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
					_		
					_		
					_		
					—		

FORM SA3E. PAGE 5.

Name	LEGAL NAME OF C		SYSTEM:				S	YSTEM ID# 4561				
J Part-Time Carriage Log	time carriage du hours your syste Column 1 (Ca column 5 of spa Column 2 (Da curred during the Give the month "4/10." • State the starti television station "app." Example:	s space ties in v e to lack of acti em carried that all sign): Give i ce G. ates and hours e accounting pe h and day when ing and ending in 's broadcast da "12:30 a.m 3	vated channel ca station. If you nee the call sign of ev s of carriage): Fo eriod. the carriage occu times of carriage ay, you may give :15 a.m. app."	pacity, you are req ed more space, ple- ery distant station r each station, list urred. Use numeral to the nearest quar an approximate en	uired to complete ase attach additio whose basis of ca the dates and hou s, with the month ter hour. In any c ding hour, followe	nal pages. rriage you identifie rrs when part-time first. Example: for	s "LAC" for part- the total dates and ntified by "LAC" in me carriage oc- : for April 10 give iage ran to the end of the viation					
			DAT	ES AND HOURS (	OF PART-TIME C	ARRIAGE						
	CALL SIGN	WHE	N CARRIAGE OC		CALL SIG	N WHE						
		DATE	HC FROM	URS TO		DATE	HOUR: FROM	s TO				
				_			_					
				_								
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-	SA3E. PAGE 7.		
	L NAME OF OWNER OF CABLE SYSTEM: Y OF MONROE	SYSTEM ID# 4561	Name
	T OF MONROE	4301	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to con a (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission service	K Gross Receipts
<ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If yo fee t</li> <li>If yo</li> </ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amo rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parts ompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\epsilon$ k 3 below.	entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent low.	tered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered on line	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 647,527.67	
	This is your minimum fee.	\$ 6,889.69	
2	<ul> <li>space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.</li> </ul>	?	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	
5	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 6,889.69	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 7,614.69	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID # C0016913		auuluonai lees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab		

ACCOUNTING PERIO	): 2021/1		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 4561
	CITY OF MONROE		4001
м		ber of channels on which the cable system carried televisio	n broadcast stations
141		n's total number of activated channels, during the accountin	
Channels			
	1. Enter the total number of channels on v		10
	system carried television broadcast sta	tions	
	2. Enter the total number of activated cha	nnels	
	on which the cable system carried telev	/ision broadcast stations	109
	and nonbroadcast services		
Ν	we can contact about this statement of ac	RTHER INFORMATION IS NEEDED: (Identify an individua ecount.)	11
Individual to			
Be Contacted			
for Further Information	Name <b>DEBORAH KIRK</b>		Telephone 770-266-5312
	Address PO BOX 725		
	(Number, street, rural route, apartmen	t, or suite number)	
	MONROE, GA 30655 (City, town, state, zip)		
	(City, town, state, 2ip)		
	Email dkirk@monroeg	a.gov Fax (optional)	<u></u>
	CERTIFICATION (This statement of account	t must be certifed and signed in accordance with Copyright	Office regulations.)
0			
Certifcation	<ul> <li>I, the undersigned, hereby certify that (Check</li> </ul>	k one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partn	ership) I am the owner of the cable system as identifed in line	1 of space B; or
		or partnership) I am the duly authorized agent of the owner o	f the cable system as identified
	In line 1 of space B and that the ow	ner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a c in line 1 of space B.	corporation) or a partner (if a partnership) of the legal entity iden	tifed as owner of the cable system
	I have examined the statement of account a	nd hereby declare under penalty of law that all statements of fac	ct contained herein
	are true, complete, and correct to the best of	f my knowledge, information, and belief, and are made in good	
	[18 U.S.C., Section 1001(1986)]		
		gan Propes	
		nature on the line above using an "/s/" signature to certify this stat Before entering the first forward slash of the /s/ signature, place y	
	button, then type /s/ an	nd your name. Pressing the "F" button will avoid enabling Excel's	Lotus compatibility settings.
	Typed or printed na	me: "/s/"Logan Propes	
		<b>.</b> .	
	Title. City Adm	ainistrator	
		ninistrator rofficial position held in corporation or partnership)	
	Date: August 17, 2	2021	
-		authorizes the Copyright Offce to collect the personally identifying	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CITY OF MONROE	4561	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EX</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1) lowing sentence:</li> <li>"In determining the total number of subscribers and the gross amour service of providing secondary transmissions of primary broadcast tr scribers and amounts collected from subscribers receiving secondary</li> <li>For more information on when to exclude these amounts, see the note on p paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of g made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	(A), of the Copyright Act by adding the fol- nts paid to the cable system for the basic ansmitters, the system shall not include sub- y transmissions pursuant to section 119." age (vii) of the general instructions in the	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	\$	
Name Mailing Address Mailing A	ddress	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as For an explanation of interest assessment, see page (viii) of the general inst		Q
Line 1 Enter the amount of late payment or underpayment	<b>\$ -</b>	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<b>\$</b> (interest charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/inte</i> contact the Licensing Division at (202) 707-8150 or licensing@copyrig	erest-rate.pdf. For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessme	ent for one day late.	
NOTE: If you are filing this worksheet covering a statement of account alrea please list below the owner, address, first community served, accounting pe filing.		
Owner Address		
First community served       Accounting period       ID number		
rivacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce rm in order to process your statement of account. PII is any personal information that can be used f umbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public	o identify or trace an individual, such as name, address and telephon	е

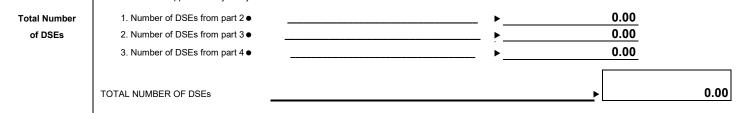
### DSE SCHEDULE. PAGE 11. (CONTINUED)

4	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#										
1	CITY OF MONROE					4561					
	SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         0.00										
2	nstructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
Computation of DSEs for	In the column headed "DSE": mercial educational station, give			as "1.0"; for ea	ach network or noncom-						
Category "O"			CATEGORY "O" STATION	S: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Add rows as											
necessary. Remember to copy all											
formula into new											
rows.											

		T	
		L	

	CITY OF MC	ONROE									YSTEM ID 456
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Image: StationsColumn 3: For each station, give the total number of hours that the station broadcast over the air during the station.Column 4: Divide the figure in column 2 by the total number of hours that the station broadcast over the air during the accounting periodStationsbe carried out at least to the third decimal point. This is the "basis of carriage value" for the station.Column 5: For each station, give the total number of hours that the station broadcast over the air during the accounting periodStationsbe carried out at least to the third decimal point. This is the "basis of carriage value" for the station.Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational staticgive the type-value as ".25."Lack ofColumn 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the part										
Capacity			(	CATEGOR	YLAC	STATIONS:	COMPUTATI	ION OF DS	SEs		
	1. CALL SIGN		2. NUMBE OF HOL CARRIE SYSTEM	R JRS D BY	3. NU OF ST.	MBER HOURS ATION I AIR	4. BASIS OF CARRIAG VALUE	=	5. TYPE VALUE	6. DS	E
				÷			=	x		=	
				÷ •	••••••		=	x		=	
				+ +			=	x x			
				÷			=	x		=	
				+			=	x		=	
					+ +		= x = x			=	
	SUM OF DSEs OF CATEGORY LAC STATIONS:         Add the DSEs of each station.         Enter the sum here and in line 2 of part 5 of this schedule,										
				art 5 of this so	chedule,				0.00		
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Enter the su Instructions: Column 1: Giv • Was carrie tions in effor • Broadcast space I). Column 2: at your option. Column 3: Column 4:	um here and ve the call si d by your sy ect on Octot one or more For each st This figure Enter the nu Divide the f	ign of each sta stem in substi ber 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum tation's DSE (	tion listed in tution for a pi as shown by rk programs number of liv pond with the in the calence n 2 by the fig For more info	space I ( rogram the the letter during the e, nonne e informa dar year: ure in co prmation	page 5, the Log nat your system "P" in column 7 at optional carri twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se	o of Substitute Pro was permitted to of space I); and age (as shown by t s carried in substi a leap year. e the result in col ee page (viii) of th	delete unde the word "Yes' tution for pro lumn 4. Roun he general ins	t station: FCC rules a in column 2 o grams that we d to no less th tructions in th	f ere deleted	).
Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrie tions in eff • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point.	um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the n Divide the f This is the s	I in line 2 of particular in the second states in substitution of each states in substitution of the should correst attion give the should correst attion of days igure in column station's DSE (	tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info	space I ( rogram the the letter during the e nonne e informa dar year: ure in co ormation E-BASI	page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se	of Substitute Pro was permitted to of space I); and age (as shown by t s carried in substi a leap year. e the result in col e page (viii) of the IS: COMPUTA	delete unde the word "Yes" itution for pro lumn 4. Roun he general ins	it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs	f ere deleted han the third ne paper SA3 form	
Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrie tions in effor • Broadcast space I). Column 2: at your option. Column 3: Column 4:	um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF	in line 2 of particular ign of each sta stem in substi ber 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE ( SER	tion listed in tution for a p as shown by rk programs pond with the in the calence n 2 by the fig For more info JBSTITUT 3. NUME OF DA	space I ( rogram th the letter during th e, nonne e informa dar year: ure in co pormation E-BASI BER YS	page 5, the Log nat your system "P" in column 7 at optional carri twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se	o of Substitute Pro was permitted to of space I); and age (as shown by t s carried in substi a leap year. e the result in col ee page (viii) of th	delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF	It station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER	f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS	). 4. DSE
Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point.	um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF	I in line 2 of particular in the second states in substitution of each states in substitution of the should correst attion give the should correst attion of days igure in column station's DSE (	tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/	space I ( rogram th the letter during th e, nonne e informa dar year: ure in co pormation E-BASI BER YS	page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se <u>S STATION</u> 4. DSE	of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL	delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF	it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs	f ere deleted han the third ne paper SA3 form 3. NUMBER	, 
Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point.	um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF	I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE ( SL BER	tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/	space I ( rogram th the letter during th e, nonne e informa dar year: ure in co ormation E-BASI BER YS AR	page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se <u>S STATION</u> 4. DSE	of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL	delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF	it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS	f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS	4. DSE
Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point.	um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF	I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE ( SL BER iRAMS	tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/	space I ( rogram th the letter during th e informa lar year: ure in co ormation E-BASI BER YS AR = =	page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se S STATION 4. DSE	of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL	delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF	it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS ÷ ÷	f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS	4. DSE = = =
Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point.	um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF	I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE ( SL BER iRAMS	tion listed in tution for a p as shown by rk programs number of liv pond with the in the calenc n 2 by the fig For more info JBSTITUT 3. NUME OF DA IN YE/	space I ( rogram th the letter during th e, nonne e informa dar year: ure in co ormation E-BASI BER YS AR = =	page 5, the Log nat your system "P" in column 7 at optional carri- twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se S STATION 4. DSE	of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL	delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF	it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS ÷ ÷ ÷	f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS	4. DSE =
Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carrie tions in effu • Broadcast space I). Column 2: at your option. Column 3: Column 4: decimal point.	um here and ve the call si d by your sy ect on Octob one or more For each st This figure Enter the nu Divide the f This is the s 2. NUME OF	I in line 2 of pa gn of each sta stem in substi per 19, 1976 (a live, nonnetwo ation give the should corres umber of days igure in colum station's DSE ( SL BER iRAMS	tion listed in tution for a pr as shown by rk programs of number of live pond with the in the calence n 2 by the fig For more infor JBSTITUT 3. NUME OF DA IN YE/	space I ( rogram th the letter during the e informa dar year: ure in co ormation E-BASI BER YS AR = = = =	page 5, the Log nat your system "P" in column 7 at optional carri twork programs tion in space I. 365, except in a lumn 3, and giv on rounding, se S STATION 4. DSE	of Substitute Provide a spermitted to vas permitted to of space I); and age (as shown by the scarried in substite a leap year. e the result in color the page (viii) of the IS: COMPUTA 1. CALL	delete unde the word "Yes" itution for pro lumn 4. Roun te general ins ATION OF 2. NUM OF	it station: FCC rules a in column 2 o grams that we d to no less th tructions in th DSEs IBER DGRAMS ÷ ÷	f ere deleted han the third ne paper SA3 form 3. NUMBER OF DAYS	4. DSE = = = =

### TOTAL NUMBER OF DSES: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.



	DSE	SCHEDU	LE.	PAGE	13.
--	-----	--------	-----	------	-----

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
CITY OF MONI	ROE							4561	Name
Instructions: Bloc In block A: • If your answer if '			art 6 and part 7	of the DSE schedu	ule blank and o	complete part {	3, (page 16) of the		6
schedule. • If your answer if "No," complete blocks B and C below.									
	····, ····			ELEVISION M	ARKETS				Computation of
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?  X Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									3.75 Fee
No—Comp	lete blocks B and	C below.							
		PL O				Eo			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations prio e DSE Sched	tions listed in p r to June 25, 1 lule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below ref	nis schedule the planation of po	nat your systen ermitted statior	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regula ed pursuant to	ations cited bel the FCC mark	is on which you ca ow pertain to those (et quota rules [76. .59(d)(1), 76.61(e)	e in effect on J 57, 76.59(b), 7	lune 24, 1981.) 76.61(b)(c), 76	.63(a) referring to		
	C Noncommerica D Grandfathered instructions for E Carried pursua	al educationa I station (76.6 r DSE schedu ant to individu	l station [76.59 5) (see paragra ule). al waiver of FC	(c), 76.61(d), 76.63 aph regarding subs C rules (76.7)	8(a) referring to stitution of grad	o 76.61(d)] ndfathered sta			
		HF station wi	thin grade-B co	e or substitute basi ontour, [76.59(d)(5) ım.			ing to 76.61(e)(5)]		
Column 3:		e stations ider	ntified by the let	parts 2, 3, and 4 of ter "F" in column 2			ksheet on page 14	lof	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of I								
Line 2: Enter the	sum of permitted	d DSEs from	block B abov	/e					
Line 3: Subtract I (If zero, le				of DSEs subject t of this schedule)		te.			
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter sur	n here				x		partially permited/ partially nonpermitted
Line 6: Enter tota	I number of DSE	s from line 3	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 and	d enter here	and on line 2	, block 3, space L	_ (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CITY OF MONROE 4561										
BLOCK A: TELEVISION MARKETS (CONTINUED)										
	1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation 3.75 Fee
						+				
						[				
·····						<u> </u>	1			
						+				
						<b>_</b>				
						ļ				

								I	DSE SCHE	DULE. PAGE 14.		
News	LEGAL NAME OF OWN	ER OF CABLE SYS	STEM:						S	YSTEM ID#		
Name	CITY OF MONR	OE								4561		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	ngColumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.orColumn 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)											
		PERMITTED	DSE FOR STA	TIONS CARRIE	D O	N A PART-TIME ANI		UTE BASIS				
	1. CALL	2. PRIOR				4. BASIS OF		RESENT	6. PI	ERMITTED		
	SIGN	DSE		ERIOD		CARRIAGE		DSE	0.11	DSE		
						0,44,7102		552				
<b>7</b> Computation	Instructions: Block A In block A: If your answer is			below.								
of the	If your answer is	"No," leave blocks	B and C blank	and complete pa	art 8	of the DSE schedule						
Syndicated	If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.											
Exclusivity	BLOCK A: MAJOR TELEVISION MARKET											
Surcharge		able system within blocks B and C .	defned by section 76. X No—Proceed to	76.5 of FCC rules in effect June 24, 1981? to part 8								
	BLOCK B <sup>.</sup> C	arriage of VHF/Gr	ade B Contour	Stations		BLOCK C: Computation of Exempt DSEs						
	BLOCK B: Carriage of VHF/Grade B Contour Stations       BLOCK C: Computation of Exempt DSEs         Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?       Was any station listed in block B of part 7 carried in any nity served by the cable system prior to March 31, 1972?											
	Yes—List each station below with its appropriate permitted DSE          X       No—Enter zero and proceed to part 8.             X       No—Enter zero and proceed to part 8.									ed DSE		
	CALL SIGN	CALL SIGN	DSE	CALL SIG	N	DSE						
	CALL STOR	DSE	CALL SIGN	DSE			202	S, ILL OIC				
		<b> </b>		<b> </b>								
		<b> </b>										
		<mark> </mark>		······								
		<b> </b>										
		<mark> </mark>		. <mark>.</mark>								
				·								
		L II										
	TOTAL DSEs 0.00 TOTAL DSES 0.									0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM: CITY OF MONROE 4	I ID# 561	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7) 647,527	7.67	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     Yes—Complete part 9 of this schedule.     X No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE		
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)	0	
	B. Enter 0.00377 of gross receipts (the amount in section 1) • \$ 2,441.18		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	0	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	0	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	0	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	0	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S CITY OF MONROE					
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  S  C. Multiply line B by 3.000 and enter here.  S  D. Enter 0.00089 of gross receipts (the amount in section 1).  S  E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.  F. Multiply line D by line E and enter here  S  G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.  S  S  S  S  S  S  S  S  S  S  S  S  S				
8 Computation of Base Rate Fee	Instructions:         You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.         • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.         • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.         • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.         What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.         • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?         Yes—Complete part 9 of this schedule.					
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE				
	Section 1	Enter the amount of gross receipts from space K (page 7) <b>\$</b> 647,527.67	_			
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	_			
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	-			

#### DSE SCHEDULE. PAGE 17.

LEGAL NAME OF OWNER OF CABLE SYSTEM: CITY OF MONROE	SYSTEM ID# 4561	Name			
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.					
A. Enter 0.01064 of gross receipts (the amount in section 1)►		8			
B. Enter 0.00701 of gross receipts (the amount in section 1) ► \$		Computation of Base Rate Fee			
C. Multiply line B by 3.000 and enter here					
D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$					
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here►					
F. Multiply line D by line E and enter here					
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ►	0.00				
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple cf Space G.		9			
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.					
<b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.					
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.					
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)					
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.					
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.					
In each section: • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.					
<ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> </ul>					
<ul><li>2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li></ul>					
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.					
<ul> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> </ul>					
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.					

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:				:	SYSTEM ID# 4561	Name
		COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCRI	BER GROUP		
FIRST SUBSCRIBER GROUP						SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA MONROE, GA				COMMUNITY/ AREA 0				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
			•••					
						·····		
Total DSEs	•	···	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$ 64	7,527.67	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First G	ano	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
			+				•	
	THIRD	SUBSCRIBER GROU		FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						···		
Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts Third Group		<u>\$ 0.00</u>		Gross Receipts Fourth Group \$ 0.00		0.00		
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group \$ 0.00			0.00	
Base Rate Fee: Add th			riber group as	s shown in the boxes	above.		0.00	
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

LEGAL NAME OF OWNER		SYSTEM:				S	YSTEM ID# 4561	Name
E				TE FEES FOR EAC				
COMMUNITY/ AREA MONROE, GA			COMMUNITY/ AREA				0 9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 647	,527.67	Gross Receipts Sec	ond Group	\$	0.00	
	·							
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GROU	P 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	IP 0	
					~			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
		0.00	Gross Receipts Fou	irth Group	\$	0.00		
-								
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Paga Pata Face Add 4	- <b>hass</b>	food for oach aut	ibor group	a abourn in the barres	abovo			
<b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group a Enter here and in block 3, line 1, space L (page 7)				IS SHOWN IN THE DOXES		\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SAJE. PAGE 20. SYSTEM ID#						
Name	CITY OF MONROE	4561						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation	Eirst 50 major tolovision market	Second 50 major tolovicion market						
of Base Rate Fee	☐ First 50 major television market INSTRUCTIONS:	Second 50 major television market						
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	cial VHF Grade B contour stations listed in block A, part 9 of						
Syndicated Exclusivity Surcharge for Partially	<ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for</li> </ul>	zero. DSEs used to compute the surcharge.						
Distant Stations	schedule. In making this computation, use gross receipts figur your actual calculations on this form.							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge						
	computation	computation						
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group						
	subject to the surcharge	subject to the surcharge						
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7							