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						
8-26-21	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting		20211 Barcode Data Filing Period (optional - see instructions)								
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.	7123							
		-								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		CABLE ONE, INC.								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		210 E. EARLL DRIVE								
		(Number, street, rural route, apartment, or suite number)								
		PHOENIX, AZ 85012-2626 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
	1	SPARKLIGHT								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	1045 S. COMMERCIAL ST. (Number, street, rural route, apartment, or suite number)								
		ARANSAS PASS, TX 78336 (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:	2021/1						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name		7123					
	CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "community served by the cable system."						
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	communities within unincorporated areas and including single, discrete					
Area	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mol	bile home parks should be reported in parentheses below the identified					
Served	city.						
	CITY OR TOWN	STATE					
First	PORT LAVACA	TX					
Community	CALHOUN COUNTY	TX					
	POINT COMFORT	TX					
Add Rows as Necessary							

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7123

CABLE ONE, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged 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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	660	42.50					
Service to additional set(s)	379						
• FM radio (if separate rate)							
Motel, hotel	53	15.00					
Commercial							
Converter							
Residential							
Non-residential							
Í		1		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary 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	19.00	Motel, hotel	16.04	TUER	52.50
 Pay cable—add'l channel 	19.00	Commercial	10.69		
Fire protection		• Pay cable			
Burglar protection Pay cable-add'l channel					
Installation: Residential		Fire protection			
• First set	45.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	45.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7123

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAVU	15	N	VICTORIA, TX
KHOU	11	N	HOUSTON, TX
KPRC	35	N	HOUSTON, TX
KTRK	13	N	HOUSTON, TX
KUHT	8	E	HOUSTON, TX
KUNU-LD	28	l	VICTORIA, TX
KVCT	11	l	VICTORIA, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7123

CABLE ONE, INC.

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).

	T	1		·			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
							

Accounting Perio		OARLE OVO	TEN4				FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF	CABLE SYS	IEM:					SYSTEM ID# 7123		
	CABLE ONE, INC. 712									
Substitute Carriage:	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	tion?				L	YES	NO		
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer i	s "Yes," you m	ust comple	te the progra	ım		
	log in block 2.	- DDOODA	МС							
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviation	s wherever pos	ssible if the	eir meaning i	ıs		
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr	ace, please of every no distant state gulations, or ries like "mo Bulls."	add additional nnetwork telev ion and that your authorization vies" or "baske	rows to the tables. rision program ("substitute our cable system substitute s. See page (v) of the ge etball." List specific progra	e program") the ted for the prog neral instructio am titles, for ex	at, during th gramming ones for furth	he accounting of another state ner information	g ation on.		
	Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time	sign of the sadcast station adian station the and day we "5/7."	station broadca on's location (thons, if any, the when your systems substitute pro-	asting the substitute prog ne community to which th community with which th stem carried the substitute ogram was carried by you	ram. le station is lice e station is ide e program. Use r cable system	ntified). e numerals . List the ti	, with the mo	onth		
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE							ıram		
		2. LIVE?	E PROGRAM	l 		AGE OCC	TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то			
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Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			;	SYSTEM ID# 7123
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	rstem's se	condary transn compute this	nission service amount, see	34,591.04 gross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 br • Use block 3 if the amount of gross receipts in space K is more than \$263,800 br See page (vi) of the general instructions located in the paper SA1-2 form for more in	ut less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty faccounting period is \$52.00 Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula		263,800.00	,	
	2. Enter amount of gross receipts from space K	\$	234,591.04	<u> </u>	
	3. Subtract line 2 from line 1	\$	29,208.96	<u> </u>	
	Enter the amount of gross receipts from space K		. \$	234,591.04	
	5. Enter the amount from line 3		\$	29,208.96	
	6. Subtract line 5 from line 4		\$	205,382.08	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,026.91
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 a	and 8		. \$	1,026.91
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$52	7,600)	
	Enter the amount of gross receipts from space K				
	<u>-</u>		263.800.00	_	
	Base amount under statutory formula	Ψ	203,800.00	_	
	3. Subtract line 2 from line 1			_	
	Multiply line 3 by .01		•	1 210 00	•
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	•
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,026.91	
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			\$	1,046.91
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-				jhts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	CABLE ONE, INC.	R OF CABLE SYSTEM:				SYSTEM ID# 7123
M Channels	to its subscribers, an 1. Enter the total nun system carried tele 2. Enter the total nun on which the cable	d (2) the cable system's anber of channels on which evision broadcast station aber of activated channels system carried television	total numb			272
N Individual to Be Contacted		CONTACTED IF FURTH t this statement of accoun		RMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information		TERSON YEARWO			Telephone	602-364-6195
	(Nun	0 E. EARLL DRIVE nber, street, rural route, apartn IOENIX, AZ 85012 , town, state, zip)	nent, or suite	number)		
	Email	emerson.yearw	ood@cal	oleone.biz	Fax (optional 602-364-619	15
O Certification	I, the undersigned, here (Owner other (Agent of orm in line) X (Officer orm in line) I have examined the second in th	reby certify that (Check on er than corporation or pa wner other than corpora e 1 of space B and that the partner) I am an officer (if e 1 of space B.	artnership	ified and signed in accordance with Covone, of the boxes.) a) I am the owner of the cable system as surtnership) I am the duly authorized age not a corporation or partnership; or attion) or a partner (if a partnership) of the clare under penalty of law that all statements, information, and belief, and are made and see, information, and belief, and are made and seed to compare the compare to the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using an "/s/ signature" (e.g., /s/ Journal of the line above to compare using a line using a l	identified in line 1 of space B int of the owner of the cable so legal entity identified as owner ents of fact contained herein in good faith.	/stem as identified
		Typed or printed		RAYMOND STORCK		
				position held in corporation or partnership)	August 27, 2021	

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counting Period: 2021/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	7123
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	Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	·
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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