THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIG	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
7-6-21	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) July 1-December 31								
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER OF CABLE SYSTEM: S.Bryer Cable TV Corporation								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT): MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 5325 Pettis Road (Number, street, rural route, apartment, or suite number) Cochranton, PA 16314 (City, town, state, zip)								
C System	structions: In line 1, give any business or trade names used to identify the business and operation of the system unless thesames 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 IDENTIFICATION OF CABLE SYSTEM:	3							
	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip)	-							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
First ► Community	CITY OR TOWN STATE CITY OR TOWN STATE Aount Orah Ohio	_							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				Nama
S.Bryer Cable TV Corp.				Name
Instructions: List each separate community in FCC rules: "a separate and distinct com areas and including single, discrete unincor of system identification hereafter known as Note: Entities and properties such as hotels, a	munity or municipal ent porated areas)." 47 C.F.I the "first community." P	ity (including unincorporated communities the system of th	within unincorporated st will serve as a form ure filings.	D Area Served
identified city.	pariments, condensions	s, or mobile home parks should be reported in	paronarioses solon ario	
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

S.Bryer Cable TV Com

E

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.

BLOCK	[1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: • Service to first set	514	.14.40				
·Service to additional set(s)	90	\$0.00		ļ		
 FM radio (if separate rate) Motel, hotel 						
Commercial Converter		, ,				
· Residential				-		
 Nonresidential 						

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 1		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'! channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$0.00. \$0.00. \$0.00.	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$0.00 \$0.00 \$0.00 \$0.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

S. Bryer Cable TV Corporation

Name

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 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 multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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.

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDTN	2	N	Dayton, Ohio
WLWT	5	N	Cincinnati, Ohio
WHIO	7	N	Cincinnati, Ohio
WCPO	9	N	Cincinnnati, Ohio
WKRC	12	N	Cincinnati, Ohio
WPTD	16	N	Dayton, Ohio
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G

Primary
Transmitters:
Television

Name	LEGAL NAME OF O			:				
	S.Bryer Cabl	e TV Corpor	ation					
Primary Transmitters: Radio	Special Instr receivable if (' the basis of m detailed infon Column 1: Column 2: Column 3: signal, indica:	List every races whose sign uctions Core to it is carried conitoring, to mation abour Identify the State wheth If the radio steethis by place Give the state whe state wheth If the radio steethis by place Give the state wheth If the radio steethis by place Give the state wheth If the radio steethis by place Give the state whether the state whether the state who	lio state als we had a list we had a list we had a list a	tion carried on a separate are generally receivable by young All-Band FM Carriage: Use system whenever it is receivable at the headend, with the Copyright Office regulation of each station carried, station is AM or FM. The signal was electronically proceed to the community to you fany, the community with wheney with the community with wheney with the community with wheney with the community with wheney generally proceed to the community with wheney with the community with the community with the community with the community with wheney with the community with the community with the community with the community with wheney with the community with the community with the community with wheney with the community with the community with wheney with the community with the community with wheney with the community with the community with the community with wheney with the community with wheney with the community with the community with wheney with the community with the community with wheney with the community with wheney with the community with the community with wheney with the community with wheney with the community with wheney with the community with the commu	nder Copyrigh yed at the syste ne system's FM ns on this poir processed by t lumn, which the stati	em during that Office reguent's headen I antenna, dunt, see page the cable system is license	lations d; and uring c (iv) of	ounting period. s, an FM signal is generally d (2) it can be expected, on certain stated intervals. For the general instructions. as a separate and discrete
ı	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF OWNER OF CABLE SYSTEM	1:						Name		
S.Bryer Cable TV Corporation									
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.									
 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? ☐ Yes X No Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes.". Otherwise, enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7, give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately 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 required to delete under FCC rules and regulations in effect									
SUE	STITUTE	PROGRAM	11.1.2.77(0.000)		SUBSTITUTE GE OCCURRED	7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4, STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION			
					- -				
	-								
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	S. Bryer Cable TV Corporation	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to capage (vi) of the general instructions. • 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.	dary transmission service ompute this amount, see
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions for more information.	n or equal to \$263,800 n \$527,600
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must p accounting period is \$52.00	
	Line 1 Boyatty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · ·	
	Line 3. Filing Fee	\$ 15.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3	\$ 68,35
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
	1. Base amount under statutory formula · · · · \$263,80 0	<u>o</u>
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	_
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
		\$
	7. Multiply line 6 by .005 (enter figure here)	\$
	8, Interest charge. Enter the amount from line 4, space Q, page 8	\$ 20.00
	9. Filing Fee	
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	\$
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)
	\$	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	_
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	1,319
	5. Royalty due of the first \$200,000 of gloss receipts (under statetory formals)	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8	20.00
	7. Filing Fee	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	. \$
	INDOPTANT: Your remittance must be in the form of an electronic navment payable to Register of C	opvrights. See page i of the

general instructions for more information.

			_
FORM	SA1-2.	PAGE	7.

LEGAL NAME OF OWNER OF CABLE SYSTEM: S.Bryer Cable TV Corporation	Name				
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 6					
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.					
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N Individual to				
Name Scott Bryer. Telephone 814-282-5223. (Area code)	Be Contacted for Further				
Address5325 Pettis.Road	Information				
Cochranton, PA 16314 (City, town, state, zip)					
Email (optional)bryer_scott@yaboo.com					
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0				
 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	Certification				
(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or					
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or					
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.					
 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001] 					
Handwritten signature:					
Typed or printed name: 5677 Byer					
Title: Res /owner (Title of official position held in corporation or partnership)					
Date: 7-6-2021					

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