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

Return completed workbook by email to:

## 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 2/29/2024 \$

AMOUNT ALLOCATION NUMBER

## coplicsoa@loc.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito NCTNWVPAOH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		(City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Thompson MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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		FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Zito NCTNWVPAOH LLC	33572
D	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	nunities within unincorporated areas and including single, discrete
	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the identified
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Thompson Township	ОН
community	Hambden Township	ОН
	Huntsburg Township	ОН
Add Rows as Necessary	Claridon Township	ОН
	Hartsgrove Township	ОН
	Leroy Township	ОН
	Montville Township	ОН
	Windsor Township	ОН
	Trumbull Township	ОН
	Rustic Pines	ОН

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	Zito NCTNWVPAOH LLC								3357
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi-	pace E should on of television ay cable) in sp (June 30 or D blocks in space transmission umber of billing	cover all and radi ace F, no ecember ce E call service. I ssin that	categories of se o broadcasts by ot here. All the fa 31, as the case for the number o In general, you ca category (the nu	condary your sys acts you may be f subscr an comp mber of	stem to subscrib state must be th ). ibers to the cab pute the number persons or orga	ers. Give nose exist le system of subsci unizations	information ing on the , broken ribers in	
	Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	(Example: "\$2 ounts allowed in space E, the to their subsc e: Where an in	20/mth"). for advar e form lis ribers. G dividual o	Summarize any since payment. Its the categories ive the number o or organization is	standard of secc of subsci receivir	d rate variations ondary transmiss ribers and rate fing service that fa	within a p sion servio or each lis alls under	oarticular rate ce that cable sted category different	
	subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	nce again und nas rate catego ers of services nd rates, in the	er "Servio ories for s s that incl	ce to additional s secondary transn ude one or more	et(s)." nission s second	service that are lary transmissio	different f ns), list th n of the s	rom those em, together eervice is	
	BLO	DCK 1 NO. OF					BLOC	K 2 NO. OF	r –
	CATEGORY OF SERVICE Residential:	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		37	21.71					
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								ļ
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services e two exceptio or facilities furr it in which it is rate column. e charged by th your cable sys separate charg	ber) inforr that are r ns: you d nished to usually b he cable stem furn e was ma	mation with respe- not offered in con- lo not need to giv nonsubscribers. billed. If any rates system for each ished or offered ade or establishe	nbinatio ve rate in Rate in a are cha of the a during tl	n with any secon nformation conc formation should arged on a varia pplicable servic he accounting p	ndary tran erning (1) I include I ble per-pr es listed. eriod that	asmission services both the rogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC		RATE	CATEC	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside	ential				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> </ul>		-	el, hotel nmercial					
	Fire protection		-	cable					
	•Burglar protection		• Pay	cable-add'l chan	nel				1
	Installation: Residential		• Fire	protection					[
	• First set	30.00	• Burg	glar protection					
	• Additional set(s)	20.00	-	ervices:					
	• FM radio (if separate rate)		-	onnect		30.00			
	• Converter			connect		20.00			
				et relocation e to new address	e	30.00 30.00			

	LEGAL NAME OF OWNER O	DE CABLE SYSTEM:		SYSTEM ID			
Name				3357			
	PRIMARY TRANSMITTERS:						
G rimary smitters: evision	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program						
	Do not list the station here station was carried only or List the station here, and basis. For further informati <b>Column 1:</b> List each static multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast) For the meaning of these t	also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p id with a station according to its over-the the form. In unber the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network sering the letter "N" (for network), "N-M" (i , "E" (for noncommercial educational), o erms, see page (iv) of the general instru	d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial educati- ictions in the paper SA1-2 form.	o on some other ions. N, etc. Identify each ort multistream the air in its community n noncommercial endent), "I-M" onal multicast).			
		on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	-	-			
	WEWS	5.1	N	Cleveland OH			
	WJW	8.1	N	Cleveland OH			
	WKYC	3.1	N	Cleveland OH			
Necessary	WOIO	19	N				
				Shaker Heights OH			
	WOIO	19.3		Shaker Heights OH			
	WUAB	43.1		Lorain OH			
			_				
	WVIZ	25.1	<u>Е</u>	Cleveland OH			
	WVIZ WVPX	25.1 23.1	E I	Cleveland OH Akron OH			
			E I				
			E				

EGAL NAME OF								SYSTEM I 335
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether to the radio stati this by placing ive the station	y the sys be receint t the Co sign of e he station on's sign g a chech n's location	<b>Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which the the community with which the	the system's heary system's FM anten nis point, see page ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL OIGIN		3/0				30	LOOATION OF STATION	

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito NCTNWVPAOH LL	_C						33572
		005014						
1	SUBSTITUTE CARRIAGE	-	-					
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	• • •		•				
Carriage:	1. SPECIAL STATEMENT		NING SUBST					
Special Statement and	During the accounting per				s, any nonne	work telev	ision program	ı
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
	2		reat of this nea	o blonk. If your onowor is "		unt complet		
	<b>Note:</b> If your answer is "No	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complet	le the program	n
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if the	eir meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.				
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			(b) ( b) ( b) ( b)				
				r "Yes." Otherwise enter "N sting the substitute program				
				e community to which the		nsed by the	e FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your syst	tem carried the substitute p	orogram. Use	numerals,	with the mor	ith
	, , , , ,		substitute pro	gram was carried by your c	able system.	List the tir	nes accurate	ly
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	ourovotom	waa raquira	4
	to delete under FCC rules a			was substituted for progra ring the accounting period:				
	was substituted for program							
	effect on October 19, 1976.							
					\//HE	N SUBST		
	s	UBSTITUT	E PROGRAM			AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
		T					_	
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Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID# 33572
			335/2
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (viii) 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.	smission service s amount, see	0,958.77 pss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)	
	1. Base amount under statutory formula \$ 263,800.0	0	
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	· · ·	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	0	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form for more inforn		nts!

Accounting Period:	: 2023/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: PAOH LLC				SYSTEM ID 33572
<b>M</b> Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's Il number of channels on whi Id television broadcast station	s total numbe ich the cable ns	on which the cable system carried televis r of activated channels during the accoun	ting period.	8
	on which the	I number of activated channer cable system carried televisi dcast services	ion broadcas	stations		59
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco		MATION IS NEEDED (Identify an individu	al to whom	
for Further Information	Name	Teri McMullen			Telephone 814-2	260-0434
	Address	PO Box 665 (Number, street, rural route, apar Coudersport PA 169 (City, town, state, zip)		number)		
	Email	teri.mcmullen@	2 zitomedia.	com Fa	x (optional	
•	CERTIFICATION	(This statement of account m	nust be certifi	ed and signed in accordance with Copyric	ht Office regulations)	
O Certification		ed, hereby certify that (Check c				
		of owner other than corpor	ration or part	I am the owner of the cable system as iden nership) I am the duly authorized agent of t a corporation or partnership; or		as identified
	X (Offic			on) or a partner (if a partnership) of the lega	l entity identified as owner of th	e cable system
		te, and correct to the best of n		re under penalty of law that all statements on , information, and belief, and are made in go		
	1		X	s/James Rigas		
				ctronic signature on the line above to certify ure using an "/s/ signature" (e.g., /s/ John Sn		
		Typed or printe	d name:	James Rigas		
		Title:	Preside	nt sition held in corporation or partnership)		
		Date:			02/27/2024	

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AL NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM ID#
NCTNWVPAOH LLC	33572
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         X       NO         Name       Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
xdays Line 3 Multiply line 2 by the number of days late and enter the sum here	·
x	·
xdays Line 3 Multiply line 2 by the number of days late and enter the sum here	
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here	·
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       x         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$	·
x	
x	
x	
x	
x	
x	
x	

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