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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 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
		St Marys Television Inc
		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)
		Coudersport, PA 16915 (City, town, state, zip)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
	<u> </u>	Zito Media - St Marys
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	e: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

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\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	St Marys Television Inc	60152
	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorporation discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	
Served		
	CITY OR TOWN	07475
First	City of St Marys	STATE
ommunity	Fox Township	PA
	Jay Township	PA
as Necessary	Ridgeway Township	PA

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	St Marys Television Inc							515	601
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	convice of	the cable	
-	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p				-				
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv			0,0		•		s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed				standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc				ofooo	ondon <i>i</i> tronomi	onion oon	ice that eable	
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity	should be cou	nted as a s	ubscriber in eac	ch app	licable category	. Example	e: a residential	
	subscriber who pays extra for ca					I in the count u	nder "Serv	vice to the	
	first set" and would be counted of Block 2: If your cable system					convice that ar	difforent	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	,	5			I			
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		1,668	17.48					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC		NSMISSI	ONS' BATES					
-	In General: Space F calls for ra				ect to a	ll your cable sy	stem's sei	vices that were	
F	not covered in space E, that is, t	hose services	that are no	t offered in com	binatio	on with any sec	ondary tra	nsmission	
0	service for a single fee. There and	•		•			0.	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		actually of					siogram saolo,	
ransmissions:	Block 1: Give the standard rate	te charged by t							
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a brief (two- or three-word) description		-		d. List	these other se	vices in tr	ne form of a	
	CATEGORY OF SERVICE	BLO RATE		RY OF SERVIC	F	RATE	CATEG	BLOCK 2	RA
	Continuing Services:			n: Non-resider			0,1120		
	• Pay cable	17.95	• Motel,	hotel					
	• Pay cable—add'l channel		• Comm	ercial					
	Fire protection		• Pay ca	able					
	•Burglar protection		-	able-add'l chann	nel				
	Installation: Residential		-	otection					
	First set	30.00	•	r protection					
	<ul> <li>Additional set(s)</li> </ul>		Other ser	-					
	• FM radio (if separate rate)		• Recor	nect		30.00			
	• Converter		• Disco						
			Outlet	relocation		30.00			
				relocation to new address		30.00 30.00			

Accounting Period: 2	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	St Marys Television Ir	1C		60152
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	n during the accounting period, except n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.15 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the he form. al number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr		me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast).
	FCC. For Mexican or Canad	lian stations, if any, give the name of	It the community to which the station is the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23	Ν	Altoona PA
	WATM	23.1	N	Altoona PA
Add Rows as Necessary	WATM	23.3	Ι	Altoona PA
	WJAC	6.1	Ν	Johnstown PA
	WKBS	47.1	I	Altoona PA
	WPCW	19.1	l	Jeannette PA
	WPSU	3.1	E	State College PA
	WTAJ	10.1	N	Altoona PA
	WWCP	8.1	N	Johnstown PA

St Marys Tel	evision Ind		ISTEM.					SYSTEM I 601
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5				5,0		
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	St Marys Television In	C						60152
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			ition, that vo	our cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	-	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa Column 1: Give the title			vision program ("substitute	e program") t	hat during	the account	tina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls. with the r	nonth
	first. Example: for May 7 gi						-,	
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	i. snould be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	lired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
		•						1
						N SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
								"
							<u> </u>	
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			<b> </b>			<b> </b> -		

Accounting Period:	2019/2		FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: St Marys Television Inc		Ş	60152
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$ 3!	
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 but less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600 n.	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 accounting period is \$52.00	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	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)			<u> </u>
	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 \$527	,600)	
	1. Enter the amount of gross receipts from space K	351,022.64		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	87,222.64		
	4. Multiply line 3 by .01	. \$	872.23	
	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		\$	2,191.23
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. <b>\$</b>	2,191.23	
Total Remittance Due	<ol> <li>Filing Fee (See the instructions for more information on filing fee calculations)</li> </ol>		20.00	
			\$	2 211 22
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		Ψ	2,211.23
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE St Marys Television					SYSTEM ID# 60152
M Channels	<ul> <li>to its subscribers, and</li> <li>1. Enter the total numt system carried televi</li> <li>2. Enter the total numt</li> </ul>	d (2) the cable system's to ber of channels on which		during the acc	ounting period.	9
	and nonbroadcast se	ervices				139
N Individual to Be Contacted	we can contact about t	this statement of account.	R INFORMATION IS NEEDED	(Identify an indi		
for Further Information	Name Ter	ri McMullen			Telephone	814-260-0434
	(Num	DBox 665 mber, street, rural route, apartmo pudersport PA 1691 /, town, state, zip)				
	Email	teri.mcmullen@z	itomedia.com		Fax (optional)	
O Certification	<ul> <li>I, the undersigned, he</li> <li>(Owner other of or in line 1)</li> <li>X (Officer or in line 1)</li> <li>I have examined the s</li> </ul>	ereby certify that (Check on er than corporation or pa wner other than corporat of space B and that the ow partner) I am an officer (if of space B. statement of account and h d correct to the best of my H	st be certified and signed in acco e, <i>but only one</i> , of the boxes.) <b>rtnership)</b> I am the owner of the <b>ion or partnership)</b> I am the duly mer is not a corporation or partne a corporation) or a partner (if a part ereby declare under penalty of lar knowledge, information, and belie	cable system as v authorized age rship; or artnership) of the w that all statem	identified in line 1 of space nt of the owner of the cable e legal entity identified as o nents of fact contained here	e B; or system as identified wner of the cable system
			X /s/James Rigas			-
			name: James Rigas President cial position held in corporation or parth	ership)		
		Date:			02/26/2020	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Marys Television Inc	6015
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
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