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

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:			
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov			
Cable Syste General instru- in the first tab	ctions	are located	2/25/2020 For additional is contact the U.S. Office Licensin, Tel: (202) 707-					
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31				
Accounting			Barcode Data Filing Period (optiona	al - see instructions)				
Period								
B Owner		of the subsidiary, not that of the parent of List any other name or names under which	orporation. h the owner conducts the business of	idiary of another corporation, give the full co the cable system. the last day of the accounting period should :				
		single statement of account and royalty fe Check here if this is the system's first filing			63696			
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM					
		Zito Midwest LLC BUSINESS NAME(S) OF OWNER OF		r)				
				·)				
		Zito Media MAILING ADDRESS OF OWNER OF						
		PO Box 665	CABLE STOTEM					
		(Number, street, rural route, apartment, or suite n	lumber)					
		Coudersport, PA 16915 (City, town, state, zip)						
С				ntify the business and operation of the ne system, if different from the addres				
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		Zito Media - Buffalo						
		MAILING ADDRESS OF CABLE SYSTEM	l:					
	2	(Number, street, rural route, apartment, or suite n	umber)					
		(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 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#
	Zito Midwest LLC	63696
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter knowr filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Buffalo	TX
Community	Jewett	ТХ
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 6369
	Zito Midwest LLC								000.
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND RA	TES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including pressure to the services) and the services (including pressure to the services) and the services (including pressure to the services) are services (including pressure to the serv								
Transmission	last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n			•••		•		charged	
	separately for the particular serv Rate: Give the standard rate of							re and the	
	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. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-r	hand block. A tw	o- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	000001			0, 11			000001110	
	Service to first set		73	59.19					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		0.0		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard ra Block 2: List any services that			•				were not	
Nates	-	• •			-	-			
	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.								
		BLO	CK 1		BLOCK 2			BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	GORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-resi	dential				
	• Pay cable	17.95	• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Co	mmercial					
	Fire protection		• Pay	y cable					
	 Burglar protection 		• Pay	y cable-add'l cha	annel				
	Installation: Residential		• Fire	e protection					
	• First set	30.00	• Bur	rglar protection					
	 Additional set(s) 		Other	services:					
	• FM radio (if separate rate)		•Re	connect		30.00			Ι
	• Converter		• Dis	connect					
			• Ou	tlet relocation		30.00			1
									1
			• IVIO	ve to new addre	SS	30.00			

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 63696				
	Zito Midwest LLC							
G Primary Transmitters: Television	 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, <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. 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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 							
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a find (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	кwкт	44.1	N	Waco TX				
	КВТХ	3.1	Ν	Bryan TX				
dd Rows as Necessary	KXXV	25.1	N	Waco TX				
	KXAS	5.1	N	Fort Worth TX				
	KCEN	6.1	N	Temple TX				
	кwтх	10.1	N	Waco TX				
	кwtx	10.2	NM	Waco TX				
	кwтх	10.3	NM	Waco TX				
	KERA	13.1	E	Dallas TX				
	κχχν	25.2	NM	Waco TX				

EGAL NAME OF								SYSTEM 63(
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	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 processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system 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	
						·	·	
						·	·	
							·	

Accounting Perio	od: 2019/2						FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							63696
					<u>.</u>			
	SUBSTITUTE CARRIAG	-	-					
I I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u></u>			
Special	During the accounting per	-			sis anv noni	network telev	ision prog	am
Statement and		-		fi carry, on a substitute be	1313, arry 11011			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you ı	must complet	e the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	ir meaning	g is
				vision program ("substitute	e program") t	hat during th	e account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			with the n	aonth
	first. Example: for May 7 gi		when your sy		e program. O	se numerais,	with the fi	Ionan
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete uno	der FCC rules	s and regulati	ons in	-
	effect on October 19, 1976	•						
					WHE	N SUBSTIT	ITE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 63696
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	0,765.71 Iss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	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 for accounting period is \$52.00	this six-mon	
	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 \$137,1		
	1. Base amount under statutory formula		
	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 \$527,	,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		
	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		
Filian Frederick			
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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF ON Zito Midwest LL	WNER OF CABLE SYSTEM: C	SYSTEM ID# 63696
M Channels	 to its subscribers, 1. Enter the total is system carried to 2. Enter the total is on which the cat 	a must give (1) the number of channels on which the cable system carried television broadcast sta and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable elevision broadcast stations	10
N Individual to Be Contacted	we can contact at	BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom oout this statement of account.)	
for Further Information			phone 814-260-0434
		PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned (Owner (Agent in lin X (Office in lin · I have examined	This statement of account must be certified and signed in accordance with Copyright Office regular d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) other than corporation or partnership) I am the owner of the cable system as identified in line 1 of of owner other than corporation or partnership) I am the duly authorized agent of the owner of the te 1 of space B and that the owner is not a corporation or partnership; or r or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifies the 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact container, and correct to the best of my knowledge, information, and belief, and are made in good faith. 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	space B; or e cable system as identified d as owner of the cable system
		Date: 2/26/2020	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
o Midwest LLC	6369
 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 	P Special Statement Concerning Gross Receipts Exclusion
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 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 Assessmer
X 170	
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	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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