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					
02/22/22	\$					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
	to be with a second of the sec							
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 West Holding 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)							
	Coudersport, PA 16915 (City, town, state, zip)							
	(ony, with, state, cly)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 - Johnsonburg PA							
	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
Manage	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Holding LLC	9950
	Instructions: List each separate community served by the cable system. A "commu	
D	separate and distinct community or municipal entity (including unincorporated co	
U	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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Johnsonburg Community TV	PA PA
Community	Johnsonburg Community TV	PA
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 9950

Zito West Holding LLC

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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	238	27.90				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

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	C/	ATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	17.95	Motel, hotel				
Pay cable—add'l channel		Commercial				
Fire protection		Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	30.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	30.00			
		Move to new address	30.00			
				[

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 9950

PRIMARY TRANSMITTERS: TELEVISION

Zito West Holding LLC

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
WATM	23	N	Altoona PA
WATM	23.3	l	Altoona PA
WJAC	6.1	N	Johnstown PA
WKBS	47.1	l	Altoona PA
WPCW	19.1	l	Jeannette PA
WPSU	3.1	E	State College PA
NTAJ	10.1	N	Altoona PA
WWCP	8.1	N	Johnstown PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E. PAGE 4.

Zito West Holding LLC

9950

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).

CALL CICA!	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C/D	LOCATION OF STATION	L CALL SIGN	AM 67 EM	C/D	LOCATION OF STATION
CALL SIGN	AW OF FM	S/D	LOCATION OF STATION	CALL SIGN	AWI OF FM	5/D	LOCATION OF STATION
							
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Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF O	CABLE SYST	FM [.]				FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	Zito West Holding LLC							9950		
_	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOC						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or 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.							For a further		
Carriage:	1. SPECIAL STATEMENT	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting peri	od, did you	r cable system	carry, on a substitute bas	sis, any non	network telev	ision progran	n		
Program Log	broadcast by a distant stat	roadcast by a distant station?								
0 0	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you	must complet				
	log in block 2.			•		·				
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each substi				wherever p	ossible, if the	eir meaning is	5		
	clear. If you need more space Column 1: Give the title of				program")	that during th	e accounting	1		
	period, was broadcast by a									
	under certain FCC rules, reg	,						n.		
	Do not use general categori "NBA Basketball: 76ers vs. l		vies" or "baske	tball." List specific progra	m titles, for	example, "I L	ove Lucy" or			
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "	No."					
	Column 3: Give the call s	•								
	Column 4: Give the broa the case of Mexican or Cana						e FCC or, in			
	Column 5: Give the mon						with the mor	nth		
	first. Example: for May 7 giv		, ,		. 0	·				
	Column 6: State the time				•			ly		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program came	ed by a system from 6.0 i	15 p.m. to	5:26:30 p.m. :	snould be			
	Column 7: Enter the lette				-		•			
	to delete under FCC rules a							am		
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und	er FCC rule	s and regulat	ions in			
								_		
	Q	IBSTITLIT	E PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRED						
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONT		TIMES	7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DA	Y FROM	— то			
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Accounting Period:	2021/2	FORM S	A1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID: 9950					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	4,765.03 oss 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 but less than or equal to \$ 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 t accounting period is \$52.00	his 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 \$137		02.00					
	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)							
	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							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	7. TOTAL NOTAL TO THE TAXABLE TON ACCOUNTING TENEDS. AND INICO. 4, 0, did 0							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		nts!					

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito West Hold	WNER OF CABLE SYSTEM: ing LLC				SYSTEM ID# 9950
M Channels	Enter the total system carrie Enter the total con which the	s, and (2) the cable system's I number of channels on whic	total number ch the cable ns	on which the cable system carried to r of activated channels during the ac	ecounting period.	. 115
N Individual to Be Contacted	we can contact	BE CONTACTED IF FURTH about this statement of accou				
for Further Information	Name Address	Teri McMullen PO Box 665			I elephone	e 814-260-0434
		(Number, street, rural route, apartr Coudersport PA 169 (City, town, state, zip)		umber)		
	Email	teri.mcmullen@)zitomedia.co	om	Fax (optional	
•	CERTIFICATION (This statement of account mu	ust be certifie	ed and signed in accordance with Co	opyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, <i>but only oi</i>	ne, of the boxes.)		
	(Owner	r other than corporation or p	oartnership) l	am the owner of the cable system as	s identified in line 1 of space	B; or
		in line 1 of space B and that th	ne owner is not	nership) I am the duly authorized age t a corporation or partnership; or		
		in line 1 of space B.	` '	on) or a partner (if a partnership) of the	,	ner of the cable system
		te, and correct to the best of m		re under penalty of law that all statement information, and belief, and are made		
				s/James Rigas		-
				ctronic signature on the line above to c ure using an "/s/ signature" (e.g., /s/ Jc		
		Typed or printed	d name: J	James Rigas		
		Title:	Presiden	nt sition held in corporation or partnership)		
		Date:			02/23/2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
to West Holding LLC	9950
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	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessment
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	days
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	-
(interest charge)	
* 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	

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