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					
2/24/23	\$ 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	ACC	OUNTING 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		
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, zjp)
С		RUCTIONS: 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:
	1	Zito Media - Palm Cay, FL
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito West Holding LLC	638
ח	Instructions: List each separate community served by the cable system. A "community" is the sam "a separate and distinct community or municipal entity (including unincorporated communities w discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	me as a "community unit" as defined in FCC rule vithin unincorporated areas and including single
	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 sh	the reported in parentheses helpwithe
Area	Note: Entities and properties such as notels, apartments, condominiums, or mobile home parks sr identified city.	nould be reported in parentneses below the
Served	l landined city.	
Firet	CITY OR TOWN Palm Cay	STATE FL
First Community	Marco Polo	FL FL
Johnnancy	Sun Valley	FL FL
Rows as Necessary	Sandy Pines	FL EI
	Eagle Pass	FL
ļ	Forest Glen	FL FI
	Florida Highlands	FL
ļ	Bradford Farms	FL
	Meadow Glenn	FL
ļ	Bell Lago	FL
ļ	West Wind	FL
	Pedro	FL
	Majestic Oaks	FL
	Kingsland	FL
	Alejandria Estates	FL
ļ	Glen Manor	FL
ļ	Hidden Lake	FL
ļ	Hidden Oaks	FL
ļ	Kings Court	FL FL
	Oakcrest	FL
	Paddock Park Ranches	FL
ļ		FL
ļ	Prince Rose Estates	
ļ	Rainbow Springs Heights	FL El
	Rock Hollow	FL
ļ	Fairfield Village	FL
ļ	Country Meadows	FL
	Woods and Meadows East	FL
ļ	Emerald Point	FL
ļ	Fox Run Estates	FL
ļ	Fairfield Extension	FL
	Wispering Pines	FL
ŀ	Wingspread Farms	FL
ŀ	Ocala Horse Complex	FL
ŀ	Spruce Creek North	FL
	Spruce Creek Preserve	FL
	Pacifica Pacifica	FL
ļ	Oakland Hills	FL
ļ	Oakland Hills Floridian Club Extension	FL
ļ		FL
	Bridle Trail Estates	
	Stonecrest County County	FL FI
ŀ	Spruce Creek South	FL FI
	Spruce Creek Golf & Country Club	FL
ļ		
i i		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63841

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 	729	34.09	
 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	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		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) 	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		 Outlet relocation 	30.00		
		 Move to new address 	30.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 63841

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
WESH	2.1	N	Orlando, FL
WESH	2.2	NM	Orlando, FL
WFTV	9.1	N	Orlando, FL
WKCF	18.1	I	Orlando, FL
WKCF	18.3	ı	Orlando, FL
WKMG	6.1	N	Orlando, FL
WKMG	6.2	NM	Orlando, FL
WKMG	6.3	NM	Orlando, FL
WOFL	35.1	N	Orlando, FL
WRBW	65.1	1	Orlando, FL
WRBW	65.2	1	Orlando, FL
WRDQ	27.1	1	Orlando, FL
WRDQ	27.2	1	Orlando, FL
WACX	55.1	I	Orlando, FL
WCJB	20.1	N	Gainesville, FL
WUFT	5.1	E	Orlando, FL
WUFT	5.3	E	Orlando, FL
	11111	•	
		The state of the s	

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63841

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 SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2022/2 LEGAL NAME OF OWNER O	CARLE SVS	TEM:						FOR	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	Zito West Holding LL		o i Livi.							63841	
										00041	
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, ider substitute basis during the explanation of the programm	itify every no accounting p ming that mu	nnetwork telev period, under sp est be included	risior pecif in th	program, broadcast by ic present and former Fo is log, see page (v) of the	a distant sta CC rules, re	gulations	s, or a	uthorizatio	ns. For a further	
Special	I. OF EGIAL STATEMENT GONGERWING GODGITTOTE GARWAGE										
Statement and		• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta								YES	NO	
	Note: If your answer is "N	o", leave the	e rest of this pa	age	blank. If your answer is	s "Yes," you	must co	mplet	e the pro	gram	
	log in block 2.										
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the left to delete under FCC rules was substituted for progra effect on October 19, 1976	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." In was broad a sign of the badcast statination and day ive "5/7." In es when the Example: "ter "R" if the and regulate mming that	am on a separa add additional add additional connetwork teletion and that your authorization ovies" or "bask addast live, ent station broad on's location (ons, if any, they when your sy e substitute pra program care listed programions in effect of	al roverside round and a control of the control of	vs to the tables. on program ("substitute cable system substitute See page (v) of the ger all." List specific progra Yes." Otherwise enter " ng the substitute progra community to which the munity with which the in carried the substitute arm was carried by your by a system from 6:01 as substituted for prograg the accounting perior	e program") ed for the program titles, for No." ea station is le e station is le program. Le cable syste: 15 p.m. to camming that d; enter the	that, durogrammentions for example icensed dentified Jse numers. List 6:28:30 at your saletter "F	by the ling one of the time of time of the time of tim	e account f another er information for Lucy" e FCC or, with the interpretation was required in the properties of the country	ting station ation. or in month rately	
		U IDOTITI IT	T DDOODAA				EN SUB			7. REASON FOR	
			E PROGRAM 3. STATION'S			5. MONTH	IAGE C	6. TIM		DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN		STATION'S LOCATION	AND DAY	FRO				
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Accounting Period: 2	2022/2			FORM S	A1-2E. PAGE
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID
Name	Zito West Holding LLC				6384
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's se on of how t	condary transmo compute this	nission service amount, see	
	during the accounting period			\$ 16 (Amount of gre	2,086.73 oss receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that y	ou 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				
					_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula	,			
	Dase amount under statutory formula Enter amount of gross receipts from space K		263,800.00 162,086.73	=	
	Subtract line 2 from line 1			=	
	•				
	Enter the amount of gross receipts from space K			162,086.73	
				101,713.27	
	Subtract line 5 from line 4				204 07
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	o. Intelest diarge. Enter the amount nom line 4, space Q, page 6				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	301.87
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	45. 11				
	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)			<u>.</u>	
	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 DU	ΙE			
Eiling Foo					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	301.87	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	321.87
	Important: Your remittance must be in the form of an electronic pay	ment nava	hle to the Regis	ster of Convrig	htel
	See page i of the general instructions in the paper SA1		-		

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.
Name	Zito West Hold	OWNER OF CABLE SYSTEM: ding LLC		SYSTEM ID# 63841
M			channels on which the cable system carried television broadcast stations otal number of activated channels during the accounting period.	
		I number of channels on which television broadcast stations	the cable	17
	on which the c	I number of activated channels able system carried television cast services	Г	140
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, aparts Coudersport PA 169		
	Email	(City, town, state, zip) teri.mcmullen@		
	CERTIFICATION	(This statement of account m	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check o	ne, <i>but only one</i> , of the boxes.)	
	(Owne	er other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of space E	3; or
			tion or partnership) I am the duly authorized agent of the owner of the cable swner is not a corporation or partnership; or	ystem as identified
		cer or partner) I am an officer (line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system
		te, and correct to the best of my	hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	
			X /s/James Rigas	
			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: (Title of o	President ficial position held in corporation or partnership)	
		Date:	02/27/2023	

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63841 Zito West Holding LLC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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. **Interest Assessment** 1% davs 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * 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 Accounting period

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