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)

## **SA1-2E** Short Form

Return completed workbook by email to:

## coplicsoa@loc.gov

For additional information, contact the U.S. Copyright

General instru	uctions	are located				Office Licensing Division at:
in the first tab	of this	s workbook	8/25/2023		ALLOCATION NUMBER	Tel: (202) 707-8150
			0/20/2020			
•						
Α	ACC	OUNTING PERIOD COV	VERED BY THIS STATEMENT: (	YYYY/(F	Period))	
		2023/1	Period 1 = January 1 - June 30	Per	riod 2 = July 1 - December 31	
			Barcode Data Filing Period (optio	onal - see i	nstructions)	
Accounting Period						
		Instructions:				
В		Give the full legal name of the the subsidiary, not that of the p	owner of the cable system. If the owner is a su parent corporation.	ibsidiary of	another corporation, give the full co	orporate title of
Owner		List any other name or names u	under which the owner conducts the business c	of the cable	e system.	
		If there were different owners	during the accounting period, only the owner o	on the last c	day of the accounting period should	submit a single
			Ity fee payment covering the entire accounting		ing of the accounting period should	Submit a single
		Check here if this is the system	's first filing. If not, enter the system's ID numb	oer assigned	d by the Licensing Division.	63835
		-				
		LEGAL NAME OF OWNER	R/MAILING ADDRESS OF CABLE SYSTE	M		
		Zito West Holding LLC				
		BUSINESS NAME(S) OF O	WNER OF CABLE SYSTEM (IF DIFFERE	NT)		
		Zito Media				
		MAILING ADDRESS OF OV	VNER OF CABLE SYSTEM			
		PO Box 665				
		(Number, street, rural route, apartme Coudersport, PA 16				
		(City, town, state, zip)	515			
С			any business or trade names used to id B. In line 2, give the mailing address of			
System				r trie syst		
e jetem	1	Zito Media - McVeyt				
		MAILING ADDRESS OF CABL				
	2					
	2	(Number, street, rural route, apartme	ent, or suite number)			
		(City, town, state, zip code)				
Privacy Act Noti	ce: Sectio	on 111 of title 17 of the United Stat	es Code authorizes the Copyright Offce to collec	ot the person	nally identifying information (PII) requ	lested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

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.

		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito West Holding LLC	63835
D Area	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobi city.	ommunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Served		
	CITY OR TOWN	STATE
First	McVeytown Borough, PA	PA
Community	Oliver Twp, PA	PA
	Wayne Twp PA	PA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	Zito West Holding LLC								6383
E Secondary Transmission Service: Sub-	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both	pace E should on of television ay cable) in sp (June 30 or D blocks in space	cover all and radi ace F, no ecember ce E call	categories of so o broadcasts by ot here. All the f 31, as the case for the number	econdary / your sys acts you e may be of subsci	stem to subscrib state must be th ). ibers to the cab	ers. Give lose existi le system,	information ng on the broken	
scribers and Rates	down by categories of secondary each category by counting the m separately for the particular serv <b>Rate:</b> Give the standard rate c unit in which it is generally billed. category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity subscriber who pays extra for ca	umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc o: Where an in should be cour	is in that indicated h catego 20/mth"). for advar e form lis ribers. G dividual o nted as a	category (the ni —not the numb ry of service. In: Summarize any nce payment. ts the categorie ive the number or organization i subscriber in e	umber of er of sets clude bot standard s of secc of subsc s receivin ach appli	persons or orga a receiving servi h the amount of d rate variations ondary transmiss ribers and rate for a service that fa cable category.	nizations ce). the charg within a p sion servic or each lis alls under Example:	charged e and the articular rate e that cable ted category different a residential	
	first set" and would be counted o <b>Block 2:</b> If your cable system I printed in block 1 (for example, to with the number of subscribers a sufficient.	nas rate catego ers of services	ories for s that incl	secondary trans ude one or mor	mission : e second	ary transmissio	ns), list the	em, together ervice is	
		NO. OF					BLOCI	NO. OF	[
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		78	36.22					
	Service to additional set(s)     FM radio (if separate rate)     Motel, hotel								
	Commercial								-
	Converter								
	Residential     Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO 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 subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) inform that are m ns: you con ished to usually to the cable stem furm e was ma	mation with resp not offered in co lo not need to g nonsubscribers silled. If any rate system for each ished or offered ade or establish	ombinatio ive rate in s. Rate in es are cha n of the a I during t	n with any secon nformation conc formation should arged on a varia pplicable service ne accounting p	ndary trans erning (1) I include b ble per-pro es listed. eriod that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid	lential				
	Pay cable     Pay cable—add'l channel			el, hotel nmercial					
	Fire protection		-	cable					-
	•Burglar protection		• Pay	cable-add'l cha	nnel				
	Installation: Residential		• Fire	protection					
	• First set	30.00		glar protection					
		20.00	Other s	ervices:					
	Additional set(s)		-						
	• FM radio (if separate rate)			onnect		30.00			
			• Disc	onnect onnect et relocation		30.00			

ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I
ame	Zito West Holding LL			638
3	carried by your cable syste	entify every television station (including m during the accounting period, except	(1) stations carried only on a part-ti	me basis under
nary		in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67		
ters:	substitute program basis, a	as explained in the next paragraph.		
sion		With respect to any distant stations ca ules, regulations, or authorizations:	rried by your cable system on a sub	ostitute program
		e in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the
	station was carried only or	a substitute basis. also in space I, if the station was carried	I both on a substitute basis and also	an some other
		on concerning substitute basis stations,		
		n's call sign. <i>Do not</i> report origination p	5	
	"WETA-2" as the same on	d with a station according to its over-the the form.	-air designation. For example, repo	on mulustream
		el number the FCC assigned to the telev	vision station for broadcasting over	the air in its community
		/RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station. or a	noncommercial
	educational station, by enter	ering the letter "N" (for network), "N-M" (1	or network multicast), "I" (for indepe	endent), "I-M"
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		onal multicast).
		on of each station. For U.S. stations, list		is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGAL	8.1	Ν	Harrisburg, PA
	WHP	21.1	Ν	Harrisburg, PA
ary	WHTM	27.1	N	Harrisburg, PA
	WITF	33.1	E	Harrisburg, PA
	WLYH	49.1	I	Harrisburg, PA
	WPMT	43.1	N	Harrisburg, PA
		43.1 3.1	N E	Harrisburg, PA Clearfield, PA
	WPMT			
	WPMT			·····
	WPMT			

EGAL NAME OF	OWNER OF (	CABLE S	YSTEM:					SYSTEM II
Lito West Ho	olding LLC							638
	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 <b>Column 1:</b> Id <b>Column 2:</b> Si <b>Column 3:</b> If ignal, indicate t	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes k mark in the "S/D" column.	t the system's heasystem's FM ante system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se	) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·			
		[	Γ					

Accounting Perio							FORI	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	Zito West Holding LLC							63835
	SUBSTITUTE CARRIAGE							
1								
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi	01	, i		, 0	,		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	ion program	1
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is	"Ves " vou mi	ust complete	-	
	log in block 2.	, leave the	rest of this pay	e blank. If your answer is	res, you mu	usi complete	the program	11
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.				
	<b>Column 1:</b> Give the title period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.		I	· "V " Oth	NI- "			
	Column 2: If the program Column 3: Give the calls							
	Column 4: Give the broa	dcast statio	on's location (th	e community to which the	station is lice		FCC or, in	
	the case of Mexican or Can							
	<b>Column 5:</b> Give the mon first. Example: for May 7 giv	•	when your syst	em carried the substitute	program. Use	e numerals, v	/ith the mor	ith
	Column 6: State the time		substitute pro	gram was carried by your	cable system	. List the time	es accuratel	У
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	or "D" if the	listed program	was substituted for progr	omming that y	our ovetern v	vaa raquira	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					WHE	EN SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM			IAGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							_	
							_	
						-	_	
						_	_	
		+			-			
		+					-	
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						-	-	
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1					-		-	
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					-		-	
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Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	43835 63835
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         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 (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.	smission service s amount, see	<b>4,672.33</b> 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 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	···· <b>\$</b>	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	··· <u>·</u>	
	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		
Eiling Free 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 inform		hts!

Accounting Period:	: 2023/1									FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV Zito West Holdin	WNER OF CABLE SYSTEM: ng LLC								SYSTEM ID 63835
<b>M</b> Channels	to its subscribers 1. Enter the total	ou must give (1) the numbe , and (2) the cable system number of channels on w I television broadcast stati	's total nun nich the cal	mber of able	activated channe	els during the	accounting pe	riod.		7
	on which the c	number of activated chan able system carried televis cast services	sion broado							104
N Individual to Be Contacted		BE CONTACTED IF FUR		ORMAT	TION IS NEEDED	<b>D</b> (Identify an	individual to w	hom		
for Further Information	Name	Teri McMullen						Telephone	814-260-043	4
incrination		PO Box 665 (Number, street, rural route, ap Coudersport PA 16 (City, town, state, zip)		uite numb	ver)					
	Email	teri.mcmullen	@zitomed	dia.com			Fax (optio	onal		
		This statement of account	must be ce	ertified a	ind signed in acc	ordance with	Copyright Offic	ce regulations)		
O Certification		i, hereby certify that (Check other than corporation o				cable system	as identified in	line 1 of space I	3; or	
	(Agent of	of owner other than corpo n line 1 of space B and that	pration or p	partners	ship) I am the dul	y authorized a				1
		<b>r or partner)</b> I am an office n line 1 of space B.	r (if a corpo	oration) o	or a partner (if a p	partnership) of	the legal entity	identified as own	ner of the cable sys	stem
		the statement of account an e, and correct to the best of on 1001(1986)]	-							
	1		X	/s/J	ames Rigas					
					nic signature on th using an "/s/ signa			tement.		
		Typed or print	ed name:	Jan	nes Rigas					
		Title:	Presi (Title of officia		n held in corporation	or partnership)				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
West Holding LLC	63835
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         YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address 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 Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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