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

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
-	ry Transmissions by	DATE RECEIVED	AMOUNT		
	ms (Short Form)			coplicsoa@loc.gov	
General instruc	ctions are located of this workbook	8-26-20	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(YY/(Period))		
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
		Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period					
В	Instructions: Give the full legal name of the owner of tl of the subsidiary, not that of the parent c		diary of another corporation, give the full corp	porate title	
Owner	List any other name or names under whic	h the owner conducts the business of th	he cable system.		
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should su ting period.	bmit a	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	11835	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	Zito Midwest LLC				
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT	)		

	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)						
	INCTO	NICTIONS, In line 4, give any business of trade names used to identify the business and exerction of the system unless these					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 - Pittsburg					
		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.

New-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Name	Zito Midwest LLC	118				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know 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 should be reported in parentheses below the					
Area Served	identified city.					
	CITY OR TOWN	STATE				
First	Pittsburg	IL				
Community	Williamson County	IL				
d Rows as Necessary						

Name								515	TEM II 1183	
	Zito Midwest LLC								110	
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES					
E	In General: The information in s			•		•				
Secondary	system, that is, the retransmissi about other services (including r					•				
Transmission	last day of the accounting period	• •			•			sang on the		
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and Rates		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 serv	vice at the rate	indicate	ed—not the nu	mber of se	ts receiving ser	vice).	-		
	Rate: Give the standard rate of									
	unit in which it is generally billed category, but do not include disc	· ·		,	•	ird rate variation	is within a	particular rate		
	Block 1: In the left-hand block	t in space E, th	ne form	lists the catego	ories of see	•				
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			-		-				
							· ·			
	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, t	-		-						
	with the number of subscribers a					•	,			
	sufficient.									
	BLC	DCK 1 NO. OF					BLOCH	K 2 NO. OF	r	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		1	63.64						
	• Service to additional set(s)									
	<ul> <li>FM radio (if separate rate)</li> <li>Motel, hotel</li> </ul>									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	<b>In General:</b> Space F calls for ran not covered in space E, that is,	•			•	• •				
-	service for a single fee. There a					•				
Services	furnished at cost or (2) services									
Other Than Secondary	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									
Transmissions:	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.									
Rates	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) descrip	rvices in tr	te form of a							
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:	TOTE		ation: Non-res		TOTE	ONTEO			
	• Pay cable	17.95	• Mo	tel, hotel						
	• Pay cable—add'l channel		• Co	mmercial						
	<ul> <li>Fire protection</li> </ul>			y cable						
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	• First set	30.00		rglar protection						
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>			services: connect		30.00				
	• FM radio (if separate rate)     • Converter			connect		30.00				
				tlet relocation		30.00				
				ve to new add	ess	30.00				
					-		L			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	Zito Midwest LLC								
	PRIMARY TRANSMITTERS:	ΤΕΙ Ε\/ISION		118					
<b>G</b> Primary ansmitters: elevision	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 station was carried <i>only</i> 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. <i>Do not</i> 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 station, an independent station, or a noncommercial educational potent rulticast). "E" (for noncommercial educational 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 identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KBSI	23.1	N	Paducah KY					
	KFVS	12.1	N	Cape Girardeau MO					
	WDKA	49.1	N	Paducah KY					
	WPSD	6.1	N	Paducah KY					
	WSIL	3.1	<u>N</u>	Harrisburgh IL					
	WSIU	8	E	Carbondale IL					
	WTCT	27		Marion IL					
	KFVS	12.3							
				Cape Girardeau MO					
			-	Cape Girardeau MO					
lecessary			•	Cape Girardeau MO					
Necessary				Cape Girardeau MO					
Necessary				Cape Girardeau MO					
i Necessary				Cape Girardeau MO					
Necessary									
Necessary				Cape Girardeau MO					
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as Necessary									
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ws as Necessary									

unting Period:	2020/1			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM				
	Zito Midwest LLC			118				
	PRIMARY TRANSMITTERS:	TELEVISION						
•	In General: In space G, id	entify every television station (including	g translator stations and low power tel	evision stations)				
G	carried by your cable syste	em during the accounting period, except	t (1) stations carried only on a part-tir	me basis under				
	-	in effect on June 24, 1981, permitting		-				
Primary		(e)(2) and (4), or 76.63 (referring to 76.)	61(e)(2) and (4))]; and (2) certain stat	ions carried on a				
ransmitters: Television		as explained in the next paragraph. <b>s:</b> With respect to any distant stations o	carried by your cable system on a sub	stitute program				
16164131011		ules, regulations, or authorizations:						
		re in space G—but do list it in space I (	the Special Statement and Program L	₋og)—if the				
	station was carried only or	n a substitute basis.						
		also in space I, if the station was carried						
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions.							
	<b>Column 1:</b> List each station's call sign. <i>Do not</i> 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.							
	<b>Column 2:</b> Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
		VRC is channel 4 in Washington, D.C.						
		h case whether the station is a network	•					
	-	ering the letter "N" (for network), "N-M"	, , , , ,					
		), "E" (for noncommercial educational), erms, see page (iv) of the general instr		onal multicast).				
		on of each station. For U.S. stations, lis		is licensed by the				
		adian stations, if any, give the name of	-	-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	I							

LEGAL NAME OI Zito Midwes								SYSTEM I 118
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 pa ed by the cable s e station is licent	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, tated 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 Period: 2020/1 FORM SA1-2E. PAGE 5							
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Zito Midwest LLC						11835
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
Substitute	substitute basis during the a	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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.					
Carriage:	1. SPECIAL STATEMEN	•			<u>j</u>		
Special					isis, anv nonr	network television pro	aram
Statement and	broadcast by a distant sta	uring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program badcast by a distant station?					
Program Log						YES	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	must complete the pro	ogram
	log in block 2.		MC				
	<ul> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast 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).</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for pr</li></ul>						nting r station ation. " or ", in month urately e guired
	effect on October 19, 1976		E PROGRAM	1		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
					· ·		
						_	
						_	
						_	
						_	

Accounting Period:	<b>2020/1</b> FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Zito Midwest LLC11835						
<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. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.						
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>						
	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 this six-month accounting period is \$52.00						
	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 lines 1 and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)						
	1. Base amount under statutory formula <b>\$ 263,800.00</b>						
	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						
	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 \$ 263,800.00						
	3. Subtract line 2 from line 1						
	4. Multiply line 3 by .01						

	0.00	
	52.00 15.00	
	\$	67.00
-		nts!
	\$ . \$ 	\$ 15.00

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LC	SYSTEM ID# 11835				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable						
	system carried 2. Enter the total on which the ca	television broadcast stations	8 38				
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.) Telephone 814-2	260-0434				
Information	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	200-0434				
O Certification	I, the undersigned     (Owned)     (Agenting)     (Agenting)     X     (Officing)     I have examined	teri.mcmullen@zitomedia.com       Fax (optional)         (This statement of account must be certified and signed in accordance with Copyright Office regulations)         ad, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in 1 of space B and that the owner is not a corporation or partnership; or         er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the ine 1 of space B.         at the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.         on 1001(1986)]					

	X /s/James Rigas
	ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	me: James Rigas
	resident I position held in corporation or partnership)
Date:	08/27/2020

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unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	118
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 Statemer Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	~
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	-
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Line 1 Enter the amount of late payment or underpayment	-
Line 1 Enter the amount of late payment or underpayment	-

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.