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							
08/27/24	\$							
	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	ACCO	DUNTING 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
		St Marys Television Inc
		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)
С		PUCTIONS: 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:
	'	Zito Media - St Marys
		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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2024/1									
		FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	St Marys Television Inc	60152								
	Instructions: List each separate community served by the cable system. A "co									
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	t you list will serve as a form of system identification hereafter known ngs.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city.									
-	CITY OR TOWN	STATE PA								
First Community	City of St Marys									
Community	Fox Township	PA BA								
	Jay Township	PA BA								
Add Rows as Necessary	Ridgeway Township	PA PA								

Accounting Period: 2024/1 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 60152

Ε

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

St Marys Television Inc

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		BLOCI	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	613	17.48			
 Service to additional set(s) 					
FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
	ſ	T		1	I

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: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60152

4 LOCATION OF STATION

St Marys Television Inc

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *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.

1 CALL SIGN 2 BYCAST CHANNEL NUMBER 3 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WATM	23	N	Altoona PA
WJAC	6.1	N	Johnstown PA
WPSU	3.1	E	State College PA
WTAJ	10.1	N	Altoona PA
WWCP	8.1	N	Johnstown PA

Add Rows as Necessary

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

St Marys Television Inc

60152

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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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Accounting Perio	-						FOR	M SA1-2E. PAGE 5.			
Name			ГЕМ:					SYSTEM ID# 60152			
Substitute Carriage: Special Statement and Program Log											
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perio	od; enter the le	tter "P" if the	e listed progr ons in				
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	RIAGE OCC		7. REASON FOR DELETION			

	d: 2024	EGAL NAME	OF OWNER	OF CABLE	SYSTEM:									SYSTEM	M II
Name	_	t Marys													015
K Gross Receipts	In al (a	ll amounts as identifie age (vii) of Gross ı	s : The fig (gross re d in space the gene receipts fr	jure you ceipts) p e E) duri eral instru rom subs	paid to young the acutions lost in the paid to be paid	our cable ccountin ocated ir for secor	e system b ng period. I n the pape ndary tran	y subscr For a furt r SA1-2 f smission	ibers for the her explar form. service(s)	ne system nation of h	s second now to co	dary tran mpute th	Enter the to smission se is amount, s	rvice see	
	IN	during MPORTAN					nt in space					•	•	194,135.5 of gross receipt	
Copyright Royalty Fee	• C	PYRIGHT tructions: Complete b Jse block 1 Jse block 2 Jse block 3 page (vi) o	To comp lock 1, blo if the am if the am if the am	ute the rock 2, or ount of goont of goo	oyalty fe r block 3 gross rec gross rec gross rec	B. ceipts in ceipts in ceipts in	space K is space K is space K is	s more the more the	an \$137,1 an \$263,8	00 but les	ss than \$8		\$263,800		
					BL	OCK 1:	GROSS	RECEIP	TS OF \$1	37,100 C	R LESS				
		nstructions:			with gro	ss receip	ots of \$137	,100 or le	ss, the roy	alty fee tha	at you mu	ıst pay fo	r this six-moi	nth	
		ine 1. Roya			ina nerioa	d									
														0.0	
	Li	ine 2. Intere	est charge	e. Enter t	the amou	nt from I	ine 4, spac	ce Q, pag	e 8					0.0	00
	Li	ine 3. TOT													
							CEIPTS C	·		,					
		. Base amo										,800.00	_		
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		. Subtract li										664.45	_	_	
		. Enter the		•									194,135.5		
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		. Multiply lir											· · · · · · · · · · · · · · · · · · ·	<u>622.3</u>	36
			g				,	p9							
	9.	. TOTAL R	OYALTY	FEE PA	YABLE F	OR ACC	COUNTING	PERIO). Add lines	7 and 8 .			\$	622.3	36
			В	BLOCK 3	3: GROS	S REC	EIPTS OF	MORE	THAN \$2	63,800 (k	out less t	han \$52	7,600)		
	1	. Enter the	amount of	f aross re	oceints fro	om snace	۵K								
		. Base amo		_								800.00	=		
		. Subtract li									-		_		
		. Multiply lir											_		
													1,319.00	<u> </u>	
		. Interest ch													
		. TOTAL R												_	
					EII INC	EEE AN	ND TOTA	I DEMIT	TANCE	NIE					
					TILING	I LL AI	ND TOTA	LIXLIVIII	TANCEL	JOL					
Filing Fee and Total Remittance	1.	. Royalty F	ee Payabl	e for Acc	ounting F	Period (fr	rom Block	1, 2, or 3,	above)		\$		622.30	<u>6</u>	
Due		. Filing Fee	(See the	instructio	ons for mo	ore infor	mation on	filing fee o	calculations	s)	\$		20.00	0_	
														_ -	
	3.	. TOTAL A	MOUNT E	OUE FOR	RACCOU	JNTING	PERIOD.	Add lines	s 2 and 3 .				\$	642.3	36

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF ON St Marys Televis	WNER OF CABLE SYSTEM: sion Inc				SYSTEM ID# 60152
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	u must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television list services	tal number of activa the cable	ted channels during the a	ccounting period.	99
N Individual to Be Contacted		BE CONTACTED IF FURTHI		IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
	,	PO Box 665 (Number, street, rural route, apartn Coudersport PA 1691				
	Email	(City, town, state, zip)	titomedia.com		Fax (optional)	
	CERTIFICATION (1	This statement of account mu	st be certified and s	igned in accordance with	Copyright Office regulations)	
O Certification		i, hereby certify that (Check on			is identified in line 1 of space B;	or
	(Agent o		on or partnership)	l am the duly authorized ag	ent of the owner of the cable sy	
		r or partner) I am an officer (if ne 1 of space B.	a corporation) or a p	artner (if a partnership) of th	ne legal entity identified as owne	er of the cable system
		the statement of account and h and correct to the best of my h n 1001(1986)]				
				es Rigas	o certify this statement.	
				an "/s/ signature" (e.g., /s/		
		Typed or printed Title:	name: James President	Rigas		
				poration or partnership)		
		Date:			08/27/2024	

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counting Period: 2024/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
t Marys Television Inc	60152
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Mailing Address Mailing Address	
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
* 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	111111111111
ID number First community served Accounting period	

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