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.

2-26-25

## 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

\$

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))	
		2024/2 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		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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 - Graham	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 24541				
D	Zito West Holding LLC Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communi unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete				
Area Served	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 identifie city.					
	CITY OR TOWN	STATE				
First	Graham	TX				
Community						
Add Rows as Necessary						
I						

								FORM SA	STEM I
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						51	2454
	Zito West Holding LLC								2704
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	ecember	31, as the case	e may be)			-	
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and Rates	down by categories of secondary each category by counting the nu			0 / 1					
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.				v standard	rate variations	within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				e of seco	ndany transmiss	sion servic	e that cable	
	systems most commonly provide			•					
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					n the count und	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					ervice that are	different fr	om those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.							<u> </u>	
	BLU	OCK 1 NO. OF					BLOCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		29	25.42					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								-+
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES					
F	In General: Space F calls for rat		,			• •			
Г	not covered in space E, that is, the								
Services	service for a single fee. There ar 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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	<b>Block 2:</b> 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.								
	brief (two- or three-word) descrip								
	brief (two- or three-word) descrip		∩K 1					BLOCK 2	
	brief (two- or three-word) descrip	BLO RATE		DRY OF SERV	ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	E RAT
		BLO	CATEG			RATE	CATEG		E RAT
	CATEGORY OF SERVICE	BLO	CATEGO Installat	DRY OF SERV		RATE	CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services:	BLO	CATEGO Installat • Mote	DRY OF SERV		RATE	CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEGO Installat • Mote	DRY OF SERV ion: Non-resid I, hotel mercial		RATE	CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO	CATEGO Installat • Mote • Com • Pay	DRY OF SERV ion: Non-resid I, hotel mercial	dential	RATE	CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO	CATEGO Installat • Mote • Com • Pay • Pay	DRY OF SERV ion: Non-resid II, hotel mercial cable	dential	RATE	CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO	CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SERV ion: Non-resid I, hotel mercial cable cable-add'l cha	dential	RATE	CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BL00 RATE	CATEGO Installat • Mote • Com • Pay • Pay • Fire	DRY OF SERV ion: Non-resid I, hotel mercial cable cable-add'l cha protection lar protection	dential	RATE	CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BL00 RATE	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	DRY OF SERV ion: Non-resid I, hotel mercial cable cable-add'l cha protection lar protection	dential	RATE	CATEG		ERAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BL00 RATE	CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	DRY OF SERV ion: Non-resid I, hotel mercial cable cable-add'l cha protection lar protection ervices:	dential		CATEG		E RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BL00 RATE	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	DRY OF SERV ion: Non-resid id, hotel mercial cable cable-add'l cha protection lar protection ervices: onnect	dential		CATEG		

-	2024/2			FORM SA1-2E. PAGE :			
Name	LEGAL NAME OF OWNER O			SYSTEM ID			
	Zito West Holding LL PRIMARY TRANSMITTERS:			2454			
G rimary asmitters: levision	<ul> <li>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, 1881, 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.</li> <li>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: <ul> <li>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.</li> <li>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.</li> </ul> </li> <li>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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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</li></ul>						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KAUZ	6.1	1	Wichita Falls TX			
	KAUZ	6.2	N	Wichita Falls TX			
ws as Necessary	KERA	13.1	E	Dallas TX			
ws as inecessally	KFDX	3	N	Wichita Falls TX			
	КЈВО	35	i	Wichita Falls TX			
			•				
	KJTI	18.1	Ν	Wichita Falls TX			
	KJTL KSWO	18.1 7.1	<u>N</u>	Wichita Falls TX			
	KJTL KSWO KXAS	18.1 7.1 5.1	N N N	Wichita Falls TX Lawton OK Fort Worth TX			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			
	KSWO	7.1	N	Lawton OK			

Accounting F			′STEM <sup>.</sup>				FORM	/I SA1-2E. PAGE 4. SYSTEM ID#
Zito West H			OTEM.					24541
all-band basis w Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo	t every radio s whose signals ctions Concer ) it is carried by monitoring, to ormation abou rm. dentify the call	station ca were gen rning All y the sys be recei it the Co	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on the each station carried.	le system during Copyright Office re it the system's he system's FM ante	the accountin egulations, an adend, and (2 enna, during c	g period FM sigi 2) it can ertain st	nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 3: If signal, indicate Column 4: 0	f the radio stat this by placing Give the statior	ion's sig g a checl n's locati	IN IS AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the LOCATION OF STATION	ne station is licens	sed by the FC			
ONEL OIGH		0,0				0/D		
			·					
	1	1				t		

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	ΓEM:					SYSTEM ID#	
Name	Zito West Holding LLC	;						24541	
	SUBSTITUTE CARRIAGE				<u> </u>				
1		-	-			ion that your	achla avatar	n corried on a	
•	In General: In space I, ident substitute basis during the a								
Substitute	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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	d • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log	has a dependence of the station of t							XNO	
Program Log	-			na blank lfuaun anauran	- "Vaa"				
	-	, leave the	rest of this pay	ge blank. Il your answer i	is res, you n	nust complete	e the progra	am	
	log in block 2. 2. LOG OF SUBSTITUTE		Me						
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if thei	ir meaning i	is	
	clear. If you need more spa						in mouning i		
	Column 1: Give the title								
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego								
	"NBA Basketball: 76ers vs.				,		···· <b>,</b> ··· <b>,</b>		
	Column 2: If the program								
	Column 3: Give the call Column 4: Give the broa					ensed by the	ECC or in		
	the case of Mexican or Car						, 1 00 01, 11		
	Column 5: Give the mor		when your sys	stem carried the substitut	e program. Us	se numerals,	with the mo	onth	
	first. Example: for May 7 gir Column 6: State the tim		aubatituta pro	arom was carried by you	r ochlo ovetor	n lict the tim		ahu	
	to the nearest five minutes.							ету	
	stated as "6:00–6:30 p.m."								
	Column 7: Enter the lett								
	to delete under FCC rules a was substituted for program							gram	
	effect on October 19, 1976					una regulatio			
								1	
						EN SUBSTIT			
	8		E PROGRAM			IAGE OCCU 6. TI		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	– TO		
						_	_		
						_	_		
						_	_		
							_		
							_		
						_	_		
						_	_		
						_	_		
						_	-		
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						-	-		
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							_		
							_		
							_		

Copyright         COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:           Copyright         • Complete block 1, block 2, or block 3.	ervice
K       Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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         Instructions: To compute the royalty fee you owe:       Complete block 1, block 2, or block 3.	ervice see 11,568.76
L         Instructions: To compute the royalty fee you owe:           Copyright         • Complete block 1, block 2, or block 3.	
Royalty Fee       • 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 \$263,800         • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to \$263,800         • 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.	
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-mon accounting period is \$52.00	th
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 \$137,100)	
1. Base amount under statutory formula \$ 263,800.00	
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)	
1. 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	.00
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
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)	.00
Due	.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 Register of Cop See page i of the general instructions in the paper SA1-2 form for more information.	oyrights!

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito West Hole	OWNER OF CABLE SYSTEM: ding LLC	SYSTEM ID# 24541
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ied television broadcast stations	8 99
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814-2	260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional	
O Certification	I, the undersign     (Own     (Ager     X     (Offi     I have examine     are true, comple	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, 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 nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
		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: <b>President</b> (Title of official position held in corporation or partnership)	
		Date: 02/27/2025	

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L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
West Holding LLC	2454
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." 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.	P Special Statemen Concerning Gross Receipts Exclusio
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	
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.	LINTEREST Assessme
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	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Lander La

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.

C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs re	c'd Initials
			Date of remittance	Check EFT	FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗌 Janu	ary 1 - June 30, 2017	[	July 1 - December 31, 2017	
	Lette	er sent	[	Information received	
	Acce	pted		Phone call/Date/Contact	
Space B Owner					
	Lette	er sent	[	Information received	
	Acce	epted		Phone call/Date/Contact	
Space D Area Served					
	Lette	er sent	Γ	Information received	
	Acce	epted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	er sent		Information received	
and Rates	Acce	epted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	pted	Γ	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	