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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	40843
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	40843
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		MEDIACOM ARIZONA LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MEDIACOM WAY	
		(Number, street, rural route, apartment, or suite number)	
		MEDIACOM PARK, NY 10918 (City, town, state, zip)	
<b>^</b>	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	MEDIACOM ARIZONA LLC	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	181 ARROIGO BLVD (Number, street, rural route, apartment, or suite number)	
	_	NOGALES, AZ 85621	
		(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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	MEDIACOM ARIZONA LLC Instructions: List each separate community served by the cable system. A "com	40843
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter knowr s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	pile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	NOGALES	AZ
Community	RIORICO	AZ
	NOGALES COUNTY	AZ
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name	MEDIACOM ARIZONA L							313	4084
		20							
Е	SECONDARY TRANSMISSION								
<b>_</b>	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the ca	se may be	e).		•	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the ne								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service. I	Include bo	oth the amount o	f the charg		
	unit in which it is generally billed				ny standa	rd rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	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 first set" and would be counted of						der Servic	e lo lhe	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tw	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Service to first set		1,916	29.95-69.49					
	Service to additional set(s)		1,510	23.33-03.43					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		2	29.95-69.49					
	Converter								
	Residential								
	Non-residential								
		r							I
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•				
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	or facilities furn	ished t	o nonsubscribe	rs. Rate ir	formation shoul	d include b	oth the	
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat		ne cabl	e svstem for ea	ch of the a	applicable servio	es listed.		
Rates	Block 2: List any services that	your cable sys	tem fur	nished or offere	ed during	the accounting p	period that		
	listed in block 1 and for which as	1 0			shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	btion and includ	e the ra	ate for each.					
		BLOO				5.175		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	PP		tel, hotel	luentiai		Family	Cable	75.4
	• Pay cable—add'l channel	РР		mmercial			i anny	Capie	73.7
	Fire protection	FP		y cable					
	•Burglar protection			y cable-add'l ch	annel				
				e protection					
	Installation: Residential								
	Installation: Residential • First set	99.99	• Bu	•					
		99.99 15.00-29.00		rglar protection services:					
	First set		Other	rglar protection		29.00			
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other • Re	rglar protection services:		29.00			
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	15.00-29.00	Other • Re • Dis	rglar protection services: connect		29.00 15.00-29.00			

unting Period: 2	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID: 40843
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KGUN/KGUN(HD) ABC	9	N	TUCSON, AZ
	KHRR/KHRR(HD) Telemundo	40	I	TUCSON, AZ
ows as Necessary	KHRR-DT2 Exitos	40.2	l	TUCSON, AZ
	KMSB/KMSB(HD) FOX	25	l	TUCSON, AZ
	KOLD/KOLD(HD) CBS	32	N	TUCSON, AZ
	KOLD-DT2 MeTV	32.2	N	TUCSON, AZ
	KOLD-DT3 Grit	32.3	N	TUCSON, AZ
	KTTU (MYNET)	19	I	TUCSON, AZ
	KTTU-DT2 Estrella TV	19.2	I	TUCSON, AZ
	KUAT/KUAT (HD) PBS	30	E	TUCSON, AZ
	KUAT-DT2 PBS Kids	30.1	E	TUCSON, AZ
	KVOA/KVOA(HD) NBC	23	Ν	TUCSON, AZ
	KWBA (CW)	44	I	TUCSON, AZ
	XEW IND	48	I	MEXICO CITY, MEXICO
	XHCAN Azteca	25	I	CANANEA, MEXICO
	XHDF Azteca	25	I	MEXICO CITY, MEXICO
	XHNSS Televisa	31	I	MEXICO CITY, MEXICO

EGAL NAME OF			ISTEM.					SYSTEM II 408
RIMARY TRA	NSMITTERS							
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	at the system's he system's FM anter this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Car	adian stations	s, if any,	the community with which the	e station is identifi	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	MEDIACOM ARIZONA	LLC						40843
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stat	ion, that your (	cable svste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	norizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete t	the prograr	n
	log in block 2.			-	•			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute	program") tha	t during the a	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	nother stat	tion
	under certain FCC rules, re							າ.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			ECC or, in	
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	buid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
					r 1			1
		IIBSTITII	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							-	
							_	
							-	
						_		
							-	
							-	
						_	-	
						_	-	
						_		
							·	

Accounting Period:	2018/1		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM ARIZONA LLC		SYSTEM 40
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts	stem's secondar of how to comp	pay. Enter the total of y transmission service ute this amount, see
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less than \$527	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	, ,	
	Line 1. Royalty fee for accounting period		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS		
	1. Base amount under statutory formula	263,80	0.00
	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		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	d 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but less tha	n \$527,600)
	1. Enter the amount of gross receipts from space K	422,04	4.30
	2. Base amount under statutory formula	263,80	0.00
	3. Subtract line 2 from line 1	158,24	4.30
	4. Multiply line 3 by .01	<mark>\$</mark>	1,582.44
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	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	\$ 2,901.44
	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)	<b>\$</b>	2,901.44
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 2,921.44
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 for		• • • •

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER MEDIACOM ARIZON		:			SYSTEM ID# 40843
<b>M</b> Channels	<ul> <li>to its subscribers, and (</li> <li>1. Enter the total number system carried televis</li> <li>2. Enter the total number on which the cable system</li> </ul>	2) the cable system's er of channels on wh ion broadcast station er of activated chann stem carried televisio	s total numb ich the cable ns nels on broadcast			23 71
N Individual to	INDIVIDUAL TO BE CO we can contact about th			RMATION IS NEEDED (Identify an individual to whom		
Be Contacted for Further Information	Name Ken	neth J. Kohrs		Tel	lephone 845-443-2	762
	(Numb Med	e Mediacom Way ber, street, rural route, apa liacom Park, NY own, state, zip)	artment, or suit	e number)		
	Email	Copyrights@	mediacomc	c.com Fax (optional)		
O Certification	I, the undersigned, here     (Owner other     (Agent of own     in line 1 o     (Officer or point     in line 1 o     in line 1 o	by certify that (Check than corporation or ner other than corpo f space B and that the artner) I am an officer f space B. atement of account an correct to the best of m	e one, <i>but only</i> <b>partnership</b> <b>pration or pa</b> e owner is not r (if a corpora d hereby dec	<ul> <li>ified and signed in accordance with Copyright Office regulation of the boxes.)</li> <li>i) I am the owner of the cable system as identified in line 1 of rtnership) I am the duly authorized agent of the owner of the t a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified are under penalty of law that all statements of fact contained a, information, and belief, and are made in good faith.</li> <li>/s/ Kenneth J. Kohrs</li> </ul>	space B; or cable system as identi d as owner of the cable	
			Enter an e	/S/ Kenneth J. Kohrs electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or print	Vice P	Kenneth J. Kohrs resident, Financial Reporting		
		Date:	8/21/20			

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unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
DIACOM ARIZONA LLC	4084
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions</li> </ul>	Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       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.	ut. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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