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)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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
		MEDIACOM SOUTHEAST LLC (EUREKA, KS)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		(Number, street, rural route, apartment, or suite number) MEDIACOM PARK, NY 10918 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		MEDIACOM SOUTHEAST LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	115 NORTH INDUSTRIAL PARK ROAD (Number, street, rural route, apartment, or suite number)
		EXCELSIOR SPRINGS, MO 64024
		(City, town, state, zip code)
rivacy Act Notic	e: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/28/2023

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:	2023/1	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	MEDIACOM SOUTHEAST LLC (EUREKA, KS)	24269						
D Area Served	l city							
	CITY OR TOWN	STATE						
First	Eureka	KS						
Community								
Add Rows as Necessary								
, ad nons as necessary								

	FOF LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	MEDIACOM SOUTHEAST LLC (EUREKA, KS)									
Е	SECONDARY TRANSMISSION									
E	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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period	(June 30 or De	ecember	31, as the case	e may be)	).		0		
Service: Sub-	Number of Subscribers: Both						, j			
scribers and Rates	down by categories of secondary each category by counting the nu									
Rates	separately for the particular servi	ce at the rate i	ndicated	-not the numb	er of sets	receiving serv	ice).	-		
	<b>Rate:</b> Give the standard rate cl unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc	· ·	,		y stanuart		s within a pa			
	Block 1: In the left-hand block				es of secc	ondary transmis	sion service	e that cable		
	systems most commonly provide									
	that applies to your system. <b>Note</b> categories, that person or entity			-		-				
	subscriber who pays extra for cal						•			
	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, ti						,			
	with the number of subscribers a sufficient.	nu rates, in the	ingini-na	ING DIOCK. A LWG	- or three	-word description	on or the se	ervice is		
		DCK 1					BLOCK	٢2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	NO. OF GORY OF SERVICE SUBSCRIB			
	Residential:				-		-			
	Service to first set		95	74.49						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)								1	
	Motel, hotel									
	Commercial		0	74.49						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO		NSMISS	IONS: RATES						
F	In General: Space F calls for rate	•	,			• •				
I.	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services of	•		•			• • • •			
Other Than	amount of the charge and the un	it in which it is	usually b	oilled. If any rate	es are cha	arged on a varia	able per-pro	ogram basis,		
Secondary	enter only the letters "PP" in the rate column.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Ratoo	<b>BIOCK 2:</b> List any services that your cable system turnished 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.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			tion: Non-resid	dential		<b>F</b>	Oshla	405.0	
	• Pay cable	PP		el, hotel			Family	Cable	105.0	
	Pay cable—add'l channel	PP		nmercial						
	Fire protection			cable						
			• Pay cable-add'l char		annei					
	•Burglar protection		• Eine	protection						
	Installation: Residential	100.00		protection						
	Installation: Residential <ul> <li>First set</li> </ul>	109.99	• Burg	glar protection						
	Installation: Residential • First set • Additional set(s)	109.99 49.00	• Burg Other s	glar protection ervices:		49.00				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	49.00	• Burg Other s • Rec	glar protection ervices: onnect		49.00				
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec • Disc	glar protection ervices:		49.00				

Accounting Period: 2	2023/1			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
		AST LLC (EUREKA, KS)		24269					
G 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, <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:								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION								
	KAKE/KAKE(HD) ABC	10	N	WICHITA, KS					
	KMTW-DT DABL	19.1	I-M	HUTCHINSON, KS					
Add Rows as Necessary	KMTW-DT2 GetTV	19.2	I-M	HUTCHINSON, KS					
· · · · · · · · · · · · · · · · · · ·	KMTW-DT3 Charge!	19.3	I-M	HUTCHINSON, KS					
	KMTW-DT4 TBD	19.4	I-M	HUTCHINSON, KS					
	KSAS/KSAS (HD) FOX	29	I	WICHITA, KS					
	KSAS/KSAS-DT2 (HD) MyNet	29.2	I-M	WICHITA, KS					
	KSAS-DT3 COMET	29.3	I-M	WICHITA, KS					
	KSCW/KSCW (HD) CW	12	I	WICHITA, KS					
	KSCW-DT2 Catchy Comedy	12.2	I-M	WICHITA, KS					
	KSCW-DT3 Antenna TV	12.3	I-M	WICHITA, KS					
	KSNW/KSNW(HD) NBC	45	N	WICHITA, KS					
	KSNW-DT4 True Crime Netwo	45.4	I-M	WICHITA, KS					
	KTWU/KTWU(HD) PBS	11	Е	TOPEKA, KS					
	KTWU-DT2 PBS KIDS/MHz W	11.2	E-M	TOPEKA, KS					
	KTWU-DT3 PBS Enhance	11.3	E-M	TOPEKA, KS					
	KWCH/KWCH(HD) CBS	18	N	HUTCHINSON, KS					
	KWCH-STORM TEAM 12	20	I	HUTCHINSON, KS					
	KWCH-DT4 Circle	20.4	I-M	HUTCHINSON, KS					
	WIBW CBS	13	N	TOPEKA, KS					
				L					

ccounting Period:	2023/1			FORM SA1-2E. PAGE				
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II				
Name	MEDIACOM SOUTHEAST LLC (EUREKA, KS)							
	PRIMARY TRANSMITTERS:	TELEVISION						
<b>G</b> Primary	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th )(2) and (4), or 76.63 (referring to 76.6	(1) stations carried only on a part-time e carriage of certain network program	e basis under ns [sections				
Transmitters: Television		explained in the next paragraph. With respect to any distant stations ca	arried by your cable system on a subst	titute program				
		les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis.	ne Special Statement and Program Lo	g)—if the				
	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.							
	<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.							
	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. <b>Column 3:</b> 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. <b>Column 4:</b> 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. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

Accounting P	eriod: 2023/	/1					FOR	A SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
MEDIACOM SOUTHEAST LLC (EUREKA, KS)								
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.								
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,								
	ormation abou		ved at the headend, with the s pyright Office regulations on t					Radio
Column 2: S	tate whether t	he statio	each station carried. n is AM or FM. nal was electronically processo	ed by the cable s	∕stem as a se∣	parate a	nd discrete	
Column 4: G	live the station	n's locatio	k mark in the "S/D" column. on (the community to which the 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	

Accounting Perio	od: 2023/1					FOF	RM SA1-2E. PAGE 5.		
Nomo	LEGAL NAME OF OWNER OF						SYSTEM ID#		
Name	MEDIACOM SOUTHEA	ST LLC (	EUREKA, KS	6)			24269		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	) }				
Substitute	<b>In General:</b> In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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 STATEMENT								
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev <u>ision</u> progra	m		
Program Log	broadcast by a distant sta	tion?				YES	X NO		
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust complete the progra	ım		
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning i	S		
				ision program ("substitute	program") tha	at, during the accounting	g		
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	dcast live, ente	r "Yes." Otherwise enter "I	No."	<b>,,,,</b>			
				isting the substitute progra ne community to which the		mand by the ECC or in			
	the case of Mexican or Can								
	Column 5: Give the mor	th and day		tem carried the substitute			onth		
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable system	List the times accurate	elv		
	to the nearest five minutes.						Siy		
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progr	omming that w	iour ovotom waa roquir	ad		
	to delete under FCC rules a			was substituted for progra iring the accounting period					
	was substituted for program		our system wa	is permitted to delete unde	er FCC rules a	and regulations in			
	effect on October 19, 1976.								
	s	UBSTITUT	E PROGRAM		WHE CARR	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	6. TIMES FROM — TO	DELETION		
						_			
					-	_			
					-				
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					-				
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Accounting Period:	2023/1	FORM	I SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MEDIACOM SOUTHEAST LLC (EUREKA, KS)		SYSTEM ID# 24269				
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compute yage (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.	/ transmission servic ite this amount, see	of				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3.						
	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 p accounting period is \$52.00	bay for 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	\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that	n \$137,100)					
	1. Base amount under statutory formula \$ 263,	300.00					
	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 that	an \$527,600)					
	1. Enter the amount of gross receipts from space K						
	2. Base amount under statutory formula \$ 263,	300.00					
	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	. <u> </u>				
	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)	52.00	·				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	<u> </u>				
	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 th See page i of the general instructions in the paper SA1-2 form for more i		ights!				

Accounting Period:	2023/1							FORM SA1-2E. PAGE
Name		OWNER OF CABLE SYSTEM: OUTHEAST LLC (EUREKA	, KS)					SYSTEM ID 2426
<b>M</b> Channels	to its subscribe 1. Enter the to system carr 2. Enter the to	You must give (1) the number of ers, and (2) the cable system's tal number of channels on whic ied television broadcast station tal number of activated channe e cable system carried televisio	total num ch the cab is	ber of activated o	channels during the	accounting period.		27
	and nonbroa	adcast services						28
N Individual to Be Contacted		O BE CONTACTED IF FURTH		DRMATION IS N	EEDED (Identify an	individual to whom		
for Further	Name	Kenneth J. Kohrs				Т	elephone 845-4	43-2762
Information	Address	One Mediacom Way						
		(Number, street, rural route, apartr Mediacom Park, NY		ite number)				
		(City, town, state, zip)	10910					
	Email	Copyrights@me	ediacomc	cc.com		Fax (optional		
	CERTIFICATION	l (This statement of account mu	ust be cer	rtified and signed	in accordance with	ı Copyright Office reg	ulations)	
O Certification	• I, the undersigr	ned, hereby certify that (Check or	ne, <i>but onl</i>	<i>ly one</i> , of the box	es.)			
	(Own	er other than corporation or p	artnershi	i <b>p)</b> I am the owner	r of the cable system	n as identified in line 1	of space B; or	
	X (Ager	nt of owner other than corpora in line 1 of space B and that the				agent of the owner of t	he cable system as	identified
	(Offi	<b>cer or partner)</b> I am an officer (i in line 1 of space B.	if a corpora	ration) or a partne	r (if a partnership) of	f the legal entity identif	ied as owner of the	cable system
	are true, compl	d the statement of account and l ete, and correct to the best of m ction 1001(1986)]		•	•		ed herein	
	1		X	/s/ Kenneth	J. Kohrs			
					re on the line above t s/ signature" (e.g., /s	co certify this statemen 5/ John Smith)	t.	
		Typed or printed	d name:	Kenneth J.	. Kohrs			
		Title: (Tit	·····		lent, Financial poration or partnership)	······		
		Date:				8/3/2023		

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Accounting Period: 2023/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
MEDIACOM SOUTHEAST LLC (EUREKA, KS)	24269
<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 subscribers 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 made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	<b>Q</b> Interest Assessment
x	
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	
ID number First community served Accounting period	

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