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

			FOR COPYRIGH	Return completed workbook by email to:			
		OF ACCOUNT		П	-		
Cable Syste		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
General instru		,	8/25/2023	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
Α	ACC	DUNTING PERIOD COVERED B	BY THIS STATEMENT: (YYY	(Y/(Period))	-		
		2023/1	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 the subsidiary, not that of the parent corpo	•	ary of another corporation, give the full corpo	orate title of		
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 a statement of account and royalty fee paym		last day of the accounting period should sub	omit a single		
		Check here if this is the system's first filing.	. If not, enter the system's ID number as	signed by the Licensing Division.	63772		
		-					
		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 O	CABLE SYSTEM				
		PO Box 665					
		(Number, street, rural route, apartment, or suite nu Coudersport, PA 16915	umber)				
		(City, town, state, zip)					
С				fy the business and operation of the system, if different from the address			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	<u> </u>	Zito Media - Calipatria CA					
		MAILING ADDRESS OF CABLE SYSTEM:					

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.

2

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Zito West Holding LLC 63772							
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC is separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as 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							
Served								
	CITY OR TOWN	STATE						
First Community	Calipatria	СА						
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM: S									
Name	Zito West Holding LLC									
Е	SECONDARY TRANSMISSION									
	In General: The information in s system, that is, the retransmission			-	-					
Secondary	about other services (including p									
Transmission	last day of the accounting period Number of Subscribers: Both						le avetem	brokon		
Service: Sub- scribers and	down by categories of secondary	•								
Rates	each category by counting the nu									
	separately for the particular serv							io and the		
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc	ounts allowed	for adva	nce payment.						
	Block 1: In the left-hand block	•		Ũ						
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					in the count und	der "Servic	e to the		
	first set" and would be counted o Block 2: If your cable system I	0			· · ·	service that are	different fr	om those		
	printed in block 1 (for example, the	-		•						
	with the number of subscribers a	nd rates, in the	e right-ha	and block. A two	- or three	e-word description	on of the s	ervice is		
	sufficient.	OCK 1					BLOC	К 2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	• Service to first set		18	20.75						
	Service to additional set(s)		10	29.75						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter								1	
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC							+	•	
-	In General: Space F calls for rat				pect to all	your cable syst	em's serv	ices that were		
F	not covered in space E, that is, t						-			
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.									
Fransmissions: Rates	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									
Ruico	listed in block 1 and for which a separate charge was made or established. List these other services in the									
	brief (two- or three-word) descrip	e for each.								
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			tion: Non-resid	dential					
	• Pay cable			el, hotel						
			-	nmercial					<b>.</b>	
	Pay cable—add'l channel		• Pay	cable						
	Fire protection		• Pay	cable_add'l cho	annei					
	Fire protection     Burglar protection		-	cable-add'l cha	annel					
	Fire protection	30.00	• Fire	cable-add'l cha protection glar protection	annei					
	Fire protection     Burglar protection Installation: Residential	<u> </u>	• Fire • Burg	protection	annei					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Fire • Burg Other s	protection glar protection	annei	30.00				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Fire • Burg Other s • Rec	protection glar protection <b>ervices:</b>	annei	30.00				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire • Burg Other s • Rec • Disc	protection glar protection <b>ervices:</b> onnect	annei	30.00				

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM II							
me	Zito West Holding LLC										
	Zito West Holding LLC     63772       PRIMARY TRANSMITTERS:     TELEVISION										
G Primary ansmitters: 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. <b>Substitute Basis Stations:</b> 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. <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 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										
	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										
	KECY	Y 9.1 N		El Centro CA							
	NLO1	0.1		El Centro CA							
	KECY	9.3	1	El Centro CA El Centro CA							
lecessary			I N								
ecessary	KECY	9.3	1	El Centro CA Palm Springs, CA							
Vecessary	KECY KESQ	9.3 42.1	l N	El Centro CA							
Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
s Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
s Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
is Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
s Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
s Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
ıs Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
ıs Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
s Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
s Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
ıs Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
ıs Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
ıs Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							
s Necessary	KECY	9.3	I	El Centro CA							
	KESQ	42.1	N	Palm Springs, CA							
	KSWT	13.1	N	Yuma, AZ							

EGAL NAME OF Lito West Ho			ISTEM:					SYSTEM
								637
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.								
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal 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 hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL OIGH		5,0		O, LE OION		5,0		
· · · · · · · · · · · · · · · · · · ·								

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#	
Name	Zito West Holding LLC							63772	
	SUBSTITUTE CARRIAGE								
1									
•	In 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								
Substitute	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 STATEMENT		NING SUBST	TUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televisi	ion program	1	
Program Log	broadcast by a distant stat	ion?					YES	× NO	
	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is	"Ves " vou mi	ist complete	-		
	log in block 2.		rest of this pay		res, you mu	ist complete	the program	11	
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is		
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.					
	<b>Column 1:</b> Give the title period, was broadcast by a			sion program ("substitute					
	under certain FCC rules, re								
	Do not use general categori								
	"NBA Basketball: 76ers vs.			· "\/" Oth	1 - "				
	Column 2: If the program			"Yes." Otherwise enter "N sting the substitute progra					
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		FCC or, in		
	the case of Mexican or Can								
	first. Example: for May 7 giv	•	when your syst	em carried the substitute	program. Use	numerals, w	/ith the mon	ith	
	Column 6: State the time		substitute pro	gram was carried by your	cable system.	. List the time	es accuratel	У	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m."	or "D" if the	liated program	was substituted for progra	mming that w	our ovotom v	una require	4	
	Column 7: Enter the letter to delete under FCC rules a								
	was substituted for program								
	effect on October 19, 1976.								
					WHE	N SUBSTIT	UTE		
	S	UBSTITUT	E PROGRAM			AGE OCCU		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то		
							-		
						_	-		
							_		
		+							
		+					-		
							-		
						_	-		
						_	_		
		+							
		+					-		
							-		
						_	_		
		L					-		
						_	-		
					1		_		
		+							

Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63772
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, see	<b>7,708.07</b> oss receipts)
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 but less than or equal to 1 • 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.	\$263,800	
	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 accounting period is \$52.00	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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)	
	1. Base amount under statutory formula \$ 263,800.00	<u>)</u>	
	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	<u> </u>	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)	<u>.</u>	
	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	• • <u></u>	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	<u>)</u>	
	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)		
	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		
	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	
	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 Reg See page i of the general instructions in the paper SA1-2 form for more inform		hts!

Accounting Period:	2023/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito West Hold	DWNER OF CABLE SYSTEM: ling LLC					SYSTEM ID# 63772
M Channels	to its subscribe 1. Enter the tota	rs, and (2) the cable system' al number of channels on wh	s total nun ich the cal	imbe able	on which the cable system carried televi	unting period.	5
	on which the	al number of activated chanr cable system carried televis dcast services	ion broado		stations		44
N Individual to Be Contacted		D BE CONTACTED IF FUR about this statement of acco		FOR	MATION IS NEEDED (Identify an individ	dual to whom	
for Further Information	Name	Teri McMullen				Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apa Coudersport PA 163 (City, town, state, zip)		suite	umber)		
	Email	teri.mcmullen	2 zitomed	dia.o	om F	ax (optional	
O Certification	I, the undersigned     (Owned)	ed, hereby certify that (Check er other than corporation or t of owner other than corpo	one, but or partnersh ration or p	only o hip) part	ed and signed in accordance with Copyr <i>ne</i> , of the boxes.) am the owner of the cable system as ide <b>hership)</b> I am the duly authorized agent o it a corporation or partnership; or	entified in line 1 of space I	
	I have examined	in line 1 of space B. If the statement of account and tee, and correct to the best of it	l hereby de	decla	on) or a partner (if a partnership) of the leg re under penalty of law that all statements information, and belief, and are made in	of fact contained herein	ner of the cable system
				an ele	s/James Rigas ctronic signature on the line above to certif ure using an "/s/ signature" (e.g., /s/ John S	•	
		Typed or printe	d name: Presi		lames Rigas nt		
					sition held in corporation or partnership)	08/28/2023	

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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
West Holding LLC	63772
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."         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?         X       NO         Name       Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
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	Q 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.	
OwnerAddress	
ID number First community served	

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.