

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000046602
 Submit Date:
 2018-03-02
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 0005020284

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 03/02/2018

 Filing Status:
 Active
 Status:
 Active
 Status Date:
 03/02/2018

Section I - General Information

1. Respondent

FRN	Entity Name
0025970195	Waterman CRT

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3719 Central Avenue	Fort Myers	FL	33901	+1 (239) 939- 6216	spontius@water. net

2. Contact Representative

Name	Organization
Michael P. Beder	Covington & Burling LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
One CityCenter 850 Tenth Street, NW	Washington	DC	20001	+1 (202) 662-5138	mbeder@cov.com

3. Application Filing Fee

Not Applicable

4. Nature of

Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees		
Nature of Respondent	Other Trust		

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2017
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name			FRN	
Virginia Broadcasting, LLC			0005004528	
Fac. ID No.	Call Sign	City	Sta	te Service
70309	WVIR-TV	CHARLOTTESVILLE	VA	DTV
168767	W30CT-D	HARRISONBURG	VA	LPT
168768	W41DT-D	STAUNTON	VA	LPT

Section II – Biennial Ownership Information

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

1.47 C.F.R.

and Other

Documents

Section 73.3613

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

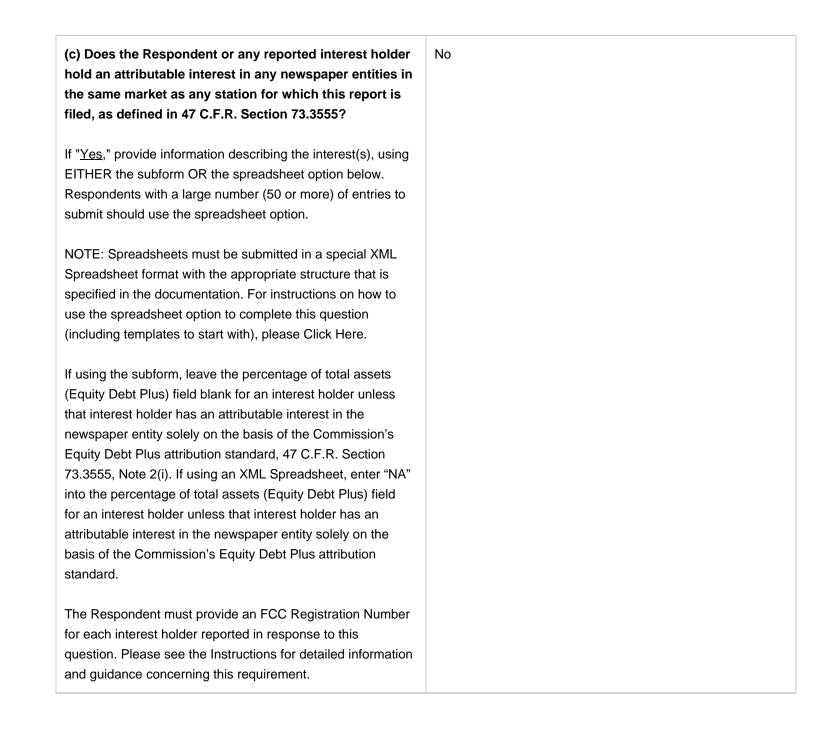
Ownership Information				
FRN	0025970195			
Entity Name	Waterman CRT			
Address	PO Box			
	Street 1	3719 Central Avenue		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33901		

	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have ar	n attributable interest in one o	r more broadcast stations	No

that do not appear on this report?

Ownership Information				
FRN	0019482314	0019482314		
Name	Bernard E. Waterman	Bernard E. Waterman		
Address	PO Box			
	Street 1	3719 Central Avenue		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33901		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	0.0%	·	
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

FRN	0019482322	0019482322		
Name	Edith B. Waterman			
Address	PO Box			
	Street 1	3719 Central Avenue		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33901		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	0.0%	·	
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stationsYesthat do not appear on this report?			Yes	
(b) Respondent certifies that any interests, including equity, financial, or voting Yes interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.				



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships				
FRN	0019482322	Name	Edith B Waterman	
FRN	0019482314	Name	Bernard E Waterman	
Relationship	Spouses			

Family Relationships

(e) Is Respondent seeking an attribution exemption for any officer or director with		No	
	duties wholly unrelated to the Licensee(s)?		

If "<u>Yes</u>," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

Certification

Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Trustee Exact Legal Title or Name of Respondent: Waterman CRT Name: Edith B Waterman Phone: 2399396216 03/02/2018