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# Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000102661Submit Date:2020-01-30FRN:0022836373Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:01/30/2020Filing Status:Active

## **Section I - General Information**

#### 1. Respondent

0029168739 Romaine C. Woodard Estate	FRN	Entity Name
	0029168739	Romaine C. Woodard Estate

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 3299	Wilson	NC	27895	+1 (252) 243- 3136	dww@cbrw. net

#### 2. Contact Representative

Name	Organization
David Woodard, Jr.	Woodard & Daughters, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 3299	Wilson	NC	27895	+1 (252) 243-3136	dww@cbrw.net

### 3. Application Filing Fee

Not Applicable

# 4. Nature of Respondent

(a) Provide the following information about the	ovide 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 Respondent is an estate		

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
	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.

Licensee/Permittee Name		FRN		
Tidewater TV LLC		0022836373		
Fac. ID No.	Call Sign	City	State	Service
76324	WSKY-TV	MANTEO	NC	DTV

# Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	contracts and other instruments report. In addition, attributable L disclosed by the licensee of the attributable JSA, or a network af Respondents, as well as License	old authorizations for one or more full power television, AM, and/or FM stations should list all ts set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this a Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be ne brokering station on its ownership report. If the agreement is an attributable LMA, an affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee insee Respondents that only hold authorizations for Class A television and/or low power television oplicable" in response to this question.			
	Not Applicable.				
2. Ownership Interests	generating a series of subforms, itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R.	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inter	enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies erest in the Respondent separately.		
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
		ownership structures, list only th see(s) for which the report is beir	nose interests in the Respondent that also represent an ng submitted.		
	separate ownership reports. In s	are part of an organizational structure that includes holding companies or other forms of indirect owners ership reports. In such a structure do not report, or file a separate report for, any interest holder that do e 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 r The Respondent must provide an FCC Registration Number for each interest holder report				
	Please see the Instructions for d	letailed information and guidance	e concerning this requirement.		
	Ownership Information				
	FRN	0029168739			
	Entity Name	Romaine C. Woodard Estate			
	Address	PO Box	3299		
		Street 1			
		Street 2			
		City	Wilson		
		State ("NA" if non-U.S. address)	NC		
		Zip/Postal Code	27895		
		Country (if non-U.S. address)	United States		
	Listing Type	Respondent			

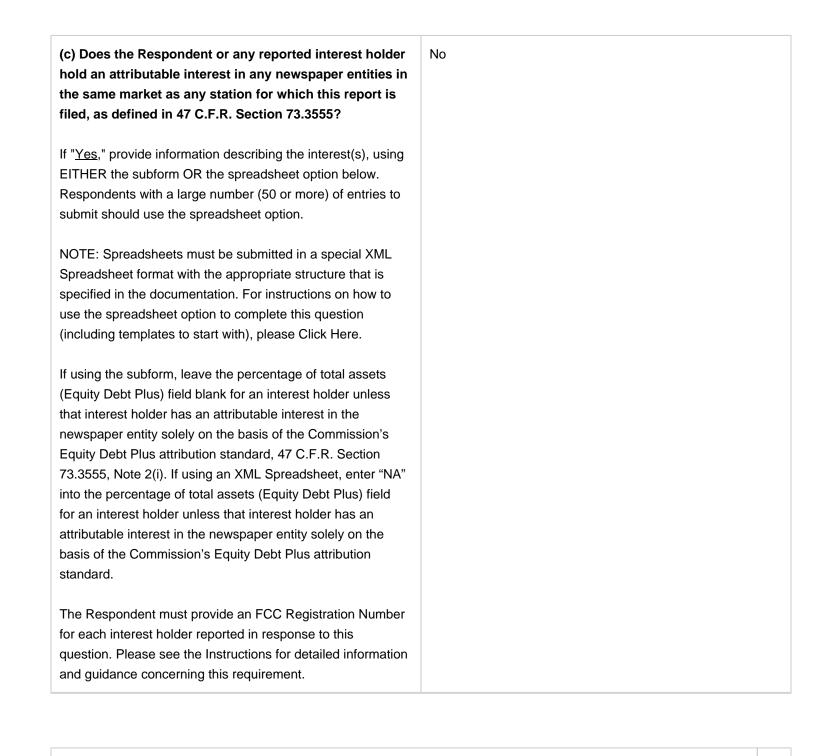
<b>Positional Interests</b> (check all that apply)	Respondent   Interest holder is not a Tribal nation or Tribal entity		
Tribal Nation or Tribal Entity			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No

## Ownership Information

interests, not reported in this filing are non-attributable.

If "No," submit as an exhibit an explanation.

FRN	0029168747				
FKN					
Name	Romaine P. Hauser	Romaine P. Hauser			
Address	PO Box	3299			
	Street 1				
	Street 2				
	City	Wilson			
	State ("NA" if non-U.S. address)	NC			
	Zip/Postal Code	27895			
	Country (if non-U.S. address)	United States	United States		
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Other - Executrix				
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? No		
rom 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt Plus)	0.0%			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No		
(b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	Yes		



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

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

(e) Is Respondent seeking an attribution exemption for any officer or director withNoduties 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

Section	Question	Response
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: <b>Executrix</b> Exact Legal Title or Name of Respondent: <b>Romaine C. Woodard Estate</b> Name: <b>Romaine P. Hauser</b> Phone: <b>2522433136</b> 01/30/2020