

## Children's Television Programming Report

 FRN:
 0023631377
 File Number:
 CPR-164095
 Submit Date:
 01/09/2015
 Call Sign:
 WAZF-CD
 Facility ID:
 57907

 City:
 FRONT ROYAL
 State:
 VA
 State:
 VA
 State:
 VA
 Status:
 Received
 Status:
 Date:
 01/09/2015
 Status:
 Call Sign:
 WAZF-CD
 Facility ID:
 57907

 Service:
 Digital Class A
 Purpose:
 Children's TV Programming Report
 Status:
 Received
 Status:
 01/09/2015
 Status:
 Status:
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## **Report reflects information for : Fourth Quarter of 2014**

| General     | Section     | Question   | Response |
|-------------|-------------|--|----------|
| Information | Attachments | Are attachments (other than associated schedules) being filed with this application? |          |

| Applicant   | Applicant Name, Type, and Contact Information |         |       |       |                |  |
|-------------|---|---------|-------|-------|----------------|--|
| Information | Applicant                                     | Address | Phone | Email | Applicant Type |  |

| t | Contact Name | Address | Phone | Email | Contact Type |
|---|--------------|---------|-------|-------|--------------|
| - |              |         |       |       |              |

Contact Representatives (0)

| Children's<br>Television<br>Information | Section  | Question                          | Response    |             |  |
|---|--|-----------------------------------|-------------|-------------|--|
|   | Station Type   | Station Type                      | Independent | Independent |  |
|   |  | Affiliated network                |             |             |  |
|   |  | Nielsen DMA Washington I          |             | C           |  |
|   |  | Web Home Page Address www.wazt.co |             |             |  |
|   |  |                                   |             |             |  |
| Digital Core<br>Programming             | Question   |                                   |             |             |  |
|   | State the average number of hours of Core Programming per week broadcast by the station on its main program stream   |                                   |             |             |  |
|   | State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream   |                                   |             |             |  |
|   | State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671:   |                                   |             |             |  |
|   | Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673? |                                   |             |             |  |
|   | Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program           |                                   |             |             |  |

stream) did not consist of program episodes that had already aired within the previous seven days either on the

station's main program stream or on another of the station's free digital program streams?

Digital Core Programs(0) Non-Core Educational and Informational Programming (0) Sponsored Core Programming (0)

| Question  | Response   |
|---|--|
| Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526(e) (11)(iii)?  | Yes  |
| Name of children's programming liaison  | Ron Croom  |
| Address   | 158 Front Royal Pike, Suite<br>#307  |
| City  | Winchester   |
| State   | VA   |
| Zip   | 22602  |
| Telephone Number  | 540-431-4504   |
| Email Address   | roncroom@wazt.com  |
| Include any other comments or information you want the Commission to consider in<br>evaluating your compliance with the Children's Television Act (or use this space for<br>supplemental explanations). This may include information on any other noncore<br>educational and informational programming that you aired this quarter or plan to air during<br>the next quarter, or any existing or proposed non-broadcast efforts that will enhance the<br>educational and informational value of such programming to children. See 47 C.F.R.<br>Section 73.671, NOTES 2 and 3. | WAZF-CA was off the air<br>during the entire quarter<br>pursuant to STA File Number<br>BLSTA-20140521AEB. A<br>program schedule with 3 hours<br>of children's E/I programming<br>is planned for our return to air. |

Liaison Contact

Other Matters (0)

| Certification | Question   | Response     |
|---------------|--|--------------|
|               | The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay. <b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b> Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). |              |
|               | I certify that this application includes all required and relevant attachments.  |              |
|               | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the<br>Authorization(s) specified above.  | WMTM,<br>LLC |

Attachments No Attachments.