

ok



**Fletcher, Heald & Hildreth**

2018 NOV -5 PM 2:19

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November 2, 2018

Accepted / Filed

NOV -2 2018

Federal Communications Commission  
Office of the Secretary

**BY HAND DELIVERY**

Marlene H. Dortch, Esquire  
Secretary  
Federal Communications Commission  
445 12th Street, S.W., Room TW-B204  
Washington, D.C. 20554

Attention: Audio Division, Media Bureau

Re: KMDO, Fac. ID No. 22097  
Fort Scott, Kansas

Dear Ms. Dortch:

Transmitted herewith in triplicate, on behalf of Fort Scott Broadcasting Company, Inc., licensee of KMDO(AM), Facility Identification Number 22097, Fort Scott, Kansas, is an application for direct measurement of power on FCC Form 302-AM.

Should any questions arise concerning this matter, please communicate with the undersigned.

Very truly yours,



Anne Goodwin Crump  
Counsel for Fort Scott Broadcasting Company, Inc.

Enclosure

cc: Ms. Nazifa Sawez (with enclosure) By E-Mail ([Nazifa.Sawez@fcc.gov](mailto:Nazifa.Sawez@fcc.gov))

Federal Communications Commission  
Washington, D. C. 20554

Approved by OMB  
3060-0627  
Expires 01/31/98

FOR  
FCC  
USE  
ONLY

NOV - 2 2018

Federal Communications Commission  
Office of the Secretary

**FCC 302-AM**  
**APPLICATION FOR AM**  
**BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY  
FILE NO. **B2-20181102 ACA**

<b>SECTION I - APPLICANT FEE INFORMATION</b>			
1. PAYOR NAME (Last, First, Middle Initial) Fort Scott Broadcasting Company, Inc.			
MAILING ADDRESS (Line 1) (Maximum 35 characters) P.O. Box 72			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY Fort Scott	STATE OR COUNTRY (if foreign address) KS		ZIP CODE 66701
TELEPHONE NUMBER (include area code) 620-223-4500	CALL LETTERS KMDO	OTHER FCC IDENTIFIER (If applicable) 22097	
2. A. Is a fee submitted with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section			
<input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input checked="" type="checkbox"/> Other (Please explain): Nonfeeable application			
C. If Yes, provide the following information:			
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).			
(A)	(B)	(C)	
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
	0 0 0 1	\$	
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.			
(A)	(B)	(C)	
	0 0 0 1	\$	FOR FCC USE ONLY
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION	FOR FCC USE ONLY
		\$	

<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT Fort Scott Broadcasting Company, Inc.		
MAILING ADDRESS P.O. Box 72		
CITY Fort Scott	STATE Kansas	ZIP CODE 66701

2. This application is for:

- Commercial       Noncommercial  
 AM Directional       AM Non-Directional

Call letters KMDO	Community of License Fort Scott, KS	Construction Permit File No. N/A	Modification of Construction Permit File No(s). N/A	Expiration Date of Last Construction Permit N/A
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3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

Yes     No

If No, explain in an Exhibit.

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

Yes     No

If No, state exceptions in an Exhibit.

Exhibit No.  
N/A

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

Yes     No

If Yes, explain in an Exhibit.

Exhibit No.  
N/A

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

Yes     No

If No, explain in an Exhibit.

Does not apply

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

Yes     No

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

Yes  No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

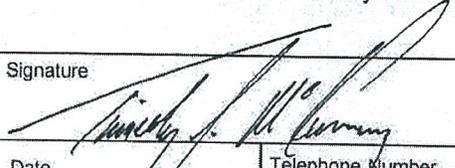
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

**CERTIFICATION**

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

Yes  No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name Timothy J. McKenney	Signature 	
Title President	Date 11/02/2018	Telephone Number 620-223-4500

**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 LICENSE OR CONSTRUCTION**

**FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

**SECTION III - LICENSE APPLICATION ENGINEERING DATA**

Name of Applicant  
**Fort Scott Broadcasting Company Inc**

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

Station License                       Direct Measurement of Power

1. Facilities authorized in construction permit					
Call Sign <b>KMDO</b>	File No. of Construction Permit (if applicable) <b>N/A</b>	Frequency (kHz) <b>1600</b>	Hours of Operation <b>Unlimited</b>	Power in kilowatts	
				Night <b>0.035</b>	Day <b>0.770</b>
2. Station location					
State <b>KS</b>			City or Town <b>Fort Scott</b>		
3. Transmitter location					
State <b>KS</b>	County <b>Bourbon</b>	City or Town <b>Near Fort Scott</b>		Street address (or other identification) <b>Hickory Road</b>	
4. Main studio location					
State <b>KS</b>	County <b>Bourbon</b>	City or Town <b>Fort Scott</b>		Street address (or other identification) <b>2 North National</b>	
5. Remote control point location (specify only if authorized directional antenna)					
State <b>KS</b>	County <b>Bourbon</b>	City or Town <b>Fort Scott</b>		Street address (or other identification) <b>2 North National</b>	

6. Has type-approved stereo generating equipment been installed?                       Yes     No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68?                       Yes     No

Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No. <b>N/A</b>
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8. Operating constants:						
RF common point or antenna current (in amperes) without modulation for night system <b>0.63 Amps</b>			RF common point or antenna current (in amperes) without modulation for day system <b>2.96 Amps</b>			
Measured antenna or common point resistance (in ohms) at operating frequency Night <b>88 Ohms</b> <b>↙ Day 88 Ohms</b>			Measured antenna or common point reactance (in ohms) at operating frequency Night <b>+J55.6 Ohms</b> Day <b>+J 55.6 Ohms</b>			
Antenna indications for directional operation						
Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day
<b>N/A</b>						
Manufacturer and type of antenna monitor: <b>N/A</b>						

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator <b>Guyed Steel Tower</b>	Overall height in meters of radiator above base insulator, or above base, if grounded.  48.76 meters	Overall height in meters above ground (without obstruction lighting)  50.0 meters	Overall height in meters above ground (include obstruction lighting)  50.0 meters	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.  Exhibit No. N/A
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Excitation  Series  Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude	37 ° 47 ' 01 "	West Longitude	94 ° 42 ' 00 "
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If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.  
1

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

The addition of K252FY.

11. Give reasons for the change in antenna or common point resistance.

At some point the base insulator failed and was replaced and K252FY was just added to the tower.

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) <b>R. Lee Wheeler</b>	Signature (check appropriate box below) 
Address (include ZIP Code) <b>3718 W 52nd Terrace</b> <b>Shawnee Mission, KS 66205</b>	Date <b>9/19/2018</b>
	Telephone No. (Include Area Code) <b>(913) 831-1622</b>

- Technical Director
- Chief Operator
- Other (specify)
- Registered Professional Engineer
- Technical Consultant

***Engineering Statement***

Fort Scott Broadcasting Company Inc  
KMDO (AM)

This consultant has been retained by Fort Scott Broadcasting Company Inc (Fort Scott), Licensee of KMDO (AM), for the purpose of measuring the impedance of the KMDO (AM) radiator and preparing Form 302 AM in application for direct measurement of power. This report and its exhibits are responsive to that request.

Fort Scott recently completed the construction of a translator station, K252FY<sup>1</sup> and that construction permit carried with it a restriction that the KMDO (AM) tower impedance be measured and, if it varied more than 2% from the licensed value, Form 302 AM be filed for direct measurement. This consultant traveled to the KMDO tower site on 9/19/2018 and made such a measurement with a Delta Electronics OIB-1 operating impedance bridge and it was found that the antenna impedance had changed substantially from the original license filing. During the course of conversation with the licensee it was stated that the base insulator had failed in the past and that a crane was used to lift the tower and replace the original insulator. That insulator change, in

3718 W. 52nd TERRACE  
SHAWNEE MISSION, KS.  
66205 913.831.1622

combination with the addition of the translator station, combined to alter the impedance of the tower. No other alterations to the tower, other than those described, have occurred since its construction.

The tower is a uniform cross section, guyed, steel tower that additionally supports the receive antenna for Auxiliary Service license WME813 and the newly constructed K252FY station. It is believed that the WME813 antenna and transmission line was installed prior to the original impedance measurement.

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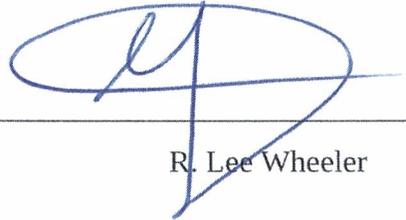
<sup>1</sup> See BNPFT-20171201AIZ

Both WME813 and K252FY employ isocouplers so as to isolate their transmission lines from ground. Both stations have multiple ground kits along the vertical path of their respective transmission lines to make them electrically identical to the tower structure at 1600 kHz.

All information contained in this report is true and accurate to the best of my belief. Having had numerous matters before The Commission, my qualifications are a matter of record.

9/19/2018

Date



R. Lee Wheeler

