



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **52953** | Service: **DTV** | Call **KSPX-TV** | Channel: **21 (UHF)** |  
ID: | Sign: |  
File **0000028653**  
Number:  
FRN: **0001808468** | Date **05/11**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>ION MEDIA SACRAMENTO LICENSE, INC.</b>	Michael Hubner 810 Seventh Avenue 31st Floor New York, NY 10019 United States	+1 (212) 603- 8407	MichaelHubner@ionmedia. com	Corporation

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

**Broadcaster  
Information  
and  
Transition  
Plan**

Question		Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.		Yes
Briefly describe transition plan		Install and operate from interim antenna on pre repack channel utilizing current non re-tunable transmitter. Replace current side mount antenna, transmission line and transmitter for operation on post repack channel.

**Transmitters**

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Millennium
	Year	2005
	Type	Inductive Output Tube
	IOT Power Type	Three
	Power Capacity	60 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-30 EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	46 kW
	Justification for New Transmitter	See attached Transmitter Exhibits. See attached Transmitter Upgrade Disclaimer.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A

	Length	N/A
	Other Electrical Service	Yes
	Description	Electrical Installation for replacement transmitter
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**      **Other Transmitter Cost Not Listed**

Name	Description
<b>Removal of Existing Equipment</b>	Removal of existing transmitters and equipment / Site Prep
<b>RF Interconnect</b>	Interconnect between RF System and transmission line

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	1000.0 kW

Manufacturer	
Model	TFU- 24DSC-R CT150
Year	2005



Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	952.0 kW
	Manufacturer	

Model	ATW27H4-ESCX-21H
Year	2018
Justification for New Antenna	Current slot antenna cannot be re-channelled

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	8
	Lower Limit	470.00 MHz
	Upper Limit	698.00 MHz
	Design power capacity in use	25.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	95.0 kW
	Manufacturer	
	Model	TFU-WB-8
	Year	2017

	Justification for New Antenna	Interim antenna needed to complete move to new channel.
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**Interim  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	S
	Feed Line Size	4 1/16 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Interim  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary**  
**Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1770 feet per run

**Primary**  
**Transmission Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1620 feet per run
	Justification for New Transmission Line	See attached Transmission Line Exhibit

**Primary**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
<b>Sweep existing transmission line</b>	Sweep existing transmission line



**Tower Equipment And Rigging Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1015686
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	38° 15' 54.0" N-
	Longitude (NAD83)	121° 29' 28.0" W-
	Overall Structure Height	2000.30 feet
	Support Structure Height	1904.83 feet
	Ground Elevation Above Mean Sea Level (AMSL)	0.00 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Hearst Stations Inc.
Date Constructed	10/01/1985

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
33875	KCRA-TV	DTV
10242	KQCA	DTV
51499	KMAX-TV	DTV

## Primary Tower

### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Major Reinforcements needed

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A

<b>Helicopter Services Required</b>	Are helicopter services required?	No
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**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	180
	Explanation	Required by tower landlord
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No

	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	Yes
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Services provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
<b>K20JX-D Legal</b>	Cost of Legal fees for K20JX-D Non-Repack station.
<b>K20JX-D Antenna structure and construction</b>	Cost of Antenna Structure & construction for K20JX-D Non-Repack station.
<b>K20JX-D Engineering Consulting</b>	Cost of Engineering Consulting for K20JX-D Non-Repack station.
<b>K20JX-D Antenna, Cabling and Associated Elements</b>	Cost of Antenna, cabling, and associated elements for K20JX-D Non-Repack station.
<b>K20JX-D Installation</b>	Cost of Installation for K20JX-D Non-Repack station.
<b>K20JX-D Transmitter and Associated Elements</b>	Cost of transmitter and associated elements for K20JX-D Non-Repack station.
<b>K20JX-D Zoning and Local Permits</b>	Cost of Zoning and Local Permits for K20JX-D Non-Repack station.

## Cost Information

### Transmitters

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter THU9-30 EVO</b>	<b>\$1,618,250.00</b>	<b>\$1,296,315.00</b>		<b>\$0.00</b>	
RF Interconnect	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Removal of Existing Equipment	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$19,250.00	N/A	N/A	N/A
Other Electrical Service: Electrical Installation for replacement transmitter	<i>\$75,000.00</i>	\$75,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,152,065.00	Please see attached quotes for both IOT and SS transmitters for comparison.	N/A	N/A
<b>Sub-total</b>	<b>\$1,618,250.00</b>	<b>\$1,296,315.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$3,391,437.50</b>	<b>\$2,884,312.50</b>	<b>N/A</b>	<b>\$10,867.99</b>	<b>N/A</b>

### Components

Information not provided.



**Cost  
Information**

**Antennas**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Interim Antenna TFU-WB-8</b>	<b>\$105,700.00</b>	<b>\$83,593.00</b>		<b>\$0.00</b>	
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$7,193.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, One station antenna - medium power (50- 200 kW), horizontally polarized	\$89,400.00	\$70,000.00	Per FCC procedure regarding the Form 399 technical issue which is erasing previously entered antenna costs, we are re- entering the estimate which was already included in our original submission.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A

<b>Primary Antenna ATW27H4-ESCX-21H</b>	<b>\$220,750.00</b>	<b>\$203,635.00</b>		<b>\$0.00</b>	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$10,860.00	See attached ERI Quote #20171026-111Rev A.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - High Power, Side Mount, basic slot antenna, 952 kW input, directional,, elliptically or circularly polarized	<b>\$173,310.00</b>	\$173,310.00	See attached ERI Quote #20171026-111Rev A. Vertical Polarization not included in estimate.	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$8,065.00	See attached ERI Quote #20171026-111Rev A.	N/A	N/A

<b>Sub-total</b>	\$326,450.00	\$287,228.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,391,437.50	\$2,884,312.50	N/A	\$10,867.99	N/A

## Components

Information not provided.

Cost  
Information

Transmission Line

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$333,640.00	\$239,812.00		\$0.00	
Sweep existing transmission line	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Rigid Transmission Line - copper, 6 1/8"	\$327,240.00	\$233,412.00	See attached ERI Quote #20171026-111Rev A.	N/A	N/A
Sub-total	\$333,640.00	\$239,812.00	N/A	\$0.00	N/A
Total for all systems	\$3,391,437.50	\$2,884,312.50	N/A	\$10,867.99	N/A

Components

Information not provided.

Cost  
Information

Tower Equipment and Rigging Costs

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$657,800.00	\$631,075.00		\$0.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$31,075.00	See AT Exhibits for more information.	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	See AT Exhibits for more information.	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	See AT Exhibits for more information.	N/A	N/A
Sub-total	\$657,800.00	\$631,075.00	N/A	\$0.00	N/A
Total for all systems	\$3,391,437.50	\$2,884,312.50	N/A	\$10,867.99	N/A

Components

Information not provided.

Cost  
Information

Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$179,130.00	\$161,280.00		\$10,867.99	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,500.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$2,000.00	ION is only asking for reimbursement of invoice 241563 (with Cover Letter). Invoice 241222 is now in a different section of the form 399.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$4,742.99	N/A
Project management of the transition	\$28,440.00	\$18,530.00	See AT Exhibits for more information.	N/A	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,625.00	N/A
<b>Sub-total</b>	\$179,130.00	\$161,280.00	N/A	\$10,867.99	N/A
<b>Total for all systems</b>	\$3,391,437.50	\$2,884,312.50	N/A	\$10,867.99	N/A

## Components

Actual Information	
Description	File Name
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.



Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<div> <div> <b>Component Description:</b> </div> <div> Cost of engineering consultant preparation of engineering section of FCC Form 2100. Hourly supporting documentation attached. This invoice has been paid. </div> </div> <div> <b>Amount:</b> </div> <div> \$1,500.00 </div>

Address transition timing  
and coordination issues w/  
other stations and wireless

**Component Description:**

Cost of  
engineering  
consultant work  
related to resolving  
KKPX Channel 14  
interference  
issues. Hourly  
supporting  
documentation  
attached. This  
invoice has been  
paid.

**Amount:**

\$2,000.00

**Component Description:**

Cost of  
engineering  
consultant work  
related to resolving  
KKPX Channel 14  
interference  
issues. Hourly  
supporting  
documentation  
attached. This  
invoice has been  
paid.

**Amount:**

\$2,000.00

**Component Description:**

Cost of  
engineering  
consultant work  
related to resolving  
KKPX Channel 14  
interference  
issues. Hourly  
supporting  
documentation  
attached. This  
invoice has been  
paid.

**Amount:**

\$2,500.00

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="710 168 1013 212"><b>Component Description:</b></td><td data-bbox="1149 168 1380 683"> <p>Invoice for KSPX's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff. Hourly supporting documentation and invoice attached.</p> </td></tr> <tr> <td data-bbox="710 694 821 739"><b>Amount:</b></td><td data-bbox="1149 694 1268 739">\$4,742.99</td></tr> <tr> <td data-bbox="710 828 1013 873"><b>Component Description:</b></td><td data-bbox="1149 828 1380 1377"> <p>Invoice for station's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff and has provided corrected supporting documentation.</p> </td></tr> <tr> <td data-bbox="710 1388 821 1433"><b>Amount:</b></td><td data-bbox="1149 1388 1268 1433">\$4,837.97</td></tr> </table>	<b>Component Description:</b>	<p>Invoice for KSPX's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff. Hourly supporting documentation and invoice attached.</p>	<b>Amount:</b>	\$4,742.99	<b>Component Description:</b>	<p>Invoice for station's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff and has provided corrected supporting documentation.</p>	<b>Amount:</b>	\$4,837.97
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<b>Amount:</b>	\$4,837.97								
<p>Project management of the transition</p>	<p>Information not provided.</p>								
<p>Prepare and or review reimbursement form</p>	<p>Information not provided.</p>								
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								

Perform engineering study  
for new channel  
assignment and antenna  
development

**Component Description:**

Cost of  
engineering  
consultant work  
related to antenna  
development for  
new Channel 21 in  
order to resolve  
KKPX Channel 14  
interference  
issues. Hourly  
supporting  
documentation  
attached. This  
invoice has been  
paid.

**Amount:**

\$2,500.00

**Component Description:**

Cost of  
engineering  
consultant work for  
new channel  
assignment and  
antenna  
development.  
Hourly supporting  
documentation  
attached. This  
invoice has been  
paid.

**Amount:**

\$62.50

**Component Description:**

Cost of  
engineering  
consultant work for  
new channel  
assignment and  
antenna  
development.  
Hourly supporting  
documentation  
attached. This  
invoice has been  
paid.

**Amount:**

\$62.50

**Cost  
Information**

**Other Expenses**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$276,167.50</b>	<b>\$268,602.50</b>		<b>\$0.00</b>	
K20JX-D Zoning and Local Permits	<i>\$25,000.00</i>	\$25,000.00	See attached Cost Estimates for K20JX-D (Non-Repack Station). See KSPX Channel 21 Major Modification Construction Permit. See attached KSPX "Request for Waiver of Repack Reimbursement Restriction".	N/A	N/A
K20JX-D Transmitter and Associated Elements	<i>\$20,836.50</i>	\$20,836.50	See Cost Estimates for K20JX-D (Non-Repack Station), KSPX Channel 21 Major Modification Construction Permit, and Cost Estimates Transmitter for K20JX-D attachments. See attached KSPX "Request for Waiver of Repack Reimbursement Restriction".	N/A	N/A

K20JX-D Installation	<b>\$10,000.00</b>	\$10,000.00	See attached Cost Estimates for K20JX-D (Non-Repack Station). See KSPX Channel 21 Major Modification Construction Permit. See attached KSPX "Request for Waiver of Repack Reimbursement Restriction".	N/A	N/A
K20JX-D Antenna, Cabling and Associated Elements	<b>\$11,651.00</b>	\$11,651.00	See Cost Estimates for K20JX-D (Non- Repack Station), KSPX Channel 21 Major Modification Construction Permit, and Cost Estimates Antenna for K20JX-D attachments. See attached KSPX "Request for Waiver of Repack Reimbursement Restriction".	N/A	N/A

K20JX-D Engineering Consulting	<b>\$15,000.00</b>	\$15,000.00	See attached Cost Estimates for K20JX-D (Non-Repack Station). See KSPX Channel 21 Major Modification Construction Permit. See attached KSPX "Request for Waiver of Repack Reimbursement Restriction".	N/A	N/A
K20JX-D Antenna structure and construction	<b>\$90,000.00</b>	\$90,000.00	See attached Cost Estimates for K20JX-D (Non-Repack Station). See KSPX Channel 21 Major Modification Construction Permit. See attached KSPX "Request for Waiver of Repack Reimbursement Restriction".	N/A	N/A
K20JX-D Legal	<b>\$15,000.00</b>	\$15,000.00	See attached Cost Estimates for K20JX-D (Non-Repack Station). See KSPX Channel 21 Major Modification Construction Permit. See attached KSPX "Request for Waiver of Repack Reimbursement Restriction".	N/A	N/A

MVPD Notification of Channel Change	<b>\$1,600.00</b>	\$1,600.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<b>\$0.00</b>	\$0.00	The amount is yet to be determined (TBD) and ION will submit on-air announcement costs when finalized.	N/A	N/A
Equipment Storage	<b>\$10,000.00</b>	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<b>\$10,000.00</b>	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$15,000.00</b>	\$15,000.00	N/A	N/A	N/A
Non-zoning permits	<b>\$15,000.00</b>	\$15,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$4,000.00	N/A	N/A	N/A
Local Zoning	<b>\$25,000.00</b>	\$25,000.00	N/A	N/A	N/A



<b>Sub-total</b>	\$276,167.50	\$268,602.50	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,391,437.50	\$2,884,312.50	N/A	\$10,867.99	N/A

## Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$3,391,437.50	\$2,884,312.50
			\$10,867.99

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>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 PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Mario Vasquez</b>  <i>Vice President - Finance, Operations</i></p> <p>05/11/2018</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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 PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Mario Vasquez</b>  <i>Vice President - Finance, Operations</i></p> <p>05/11/2018</p>

## Attachments