## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL HORIZON	
	C C00519363
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Harris Media LLC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr	10 16 2018 Amount
City State Zip Code	152000.00
Austin TX 78723	Transaction ID : SE.4816  Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)  Category/ Type  004	10 16 / 2018
Name of Federal Candidate Support Office	e Sought: X House District: 19
DELGADO, ANTONIO, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	ursement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Harris Media LLC	10 17 2018
Mailing Address 6500 Manor Dr	10 17 2018
5555 manor 2	Amount
City State Zip Code	102000.00
Austin TX 78723	Transaction ID : SE.4836  Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Category/	M M / D D / Y Y Y Y Y
Digital Advertising (Amount Estimated)  Outgoty Type  004	10 17 2018
Name of Federal Candidate Support Office	e Sought: X House District: 22
BRINDISI, ANTHONY, , ,	President Senate State: NY
	ursement For: Primary X General
Per Election for Office Sought 102000.00 2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	254000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
F	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
NATIONAL HORIZON	C00519363
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	ublic Distribution/Dissemination
Harris Media LLC	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr  Amount	
City State Zip Code	5000.00
Date of Di	on ID : SE.4837 isbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)  Category/ Type  004  10	/ 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
HEITKAMP, HEIDI, , ,	Senate State: ND
Calendar Year-To-Date Per Election for Office Sought  Disbursement Fo 2018  Other	r: Primary <b>x</b> General (specify) ▶
	ublic Distribution/Dissemination
Harris Media LLC	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr  Amount	
City State Zip Code	3500.00
	on ID : SE.4838 isbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)  Category/ Type  004  10	17 2018
Name of Federal Candidate Support Office Sought:	✗ House District: <u>26</u>
MUCARSEL-POWELL, DEBBIE, , , President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2018  Other	or: Primary ✗ General  (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	8500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	2018 / Y Y Y Y

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL HORIZON  C C0051936	ATION NUMBER ▼
0 00001000	53
Check if 24-hour report 48-hour report New report Amends report filed on	/ Y = Y = Y = Y
Full Name of Payee Date of Public Distribut	ion/Dissemination
Harris Media LLC	2018
Mailing Address 6500 Manor Dr  Amount	
City State Zip Code	3500.00
Austin TX 78723 Transaction ID : SE.48 Date of Disbursement of	39
Purpose of Expenditure Digital Advertising (Amount Estimated)  Category/ Type  004  10  17	2018
Name of Federal Candidate Support Office Sought:	District: 27
SHALALA, DONNA, , ,   Shalala, Donna, , ,   President Senate	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prim 2018 □ Other (specify) ▶	ary <b>x</b> General
Full Name of Payee Date of Public Distribut	tion/Dissemination
Twitter 10 17	2018
Mailing Address 1355 Market Street  Amount	
City State Zip Code	4000.00
San Francisco CA 94103 Transaction ID : SE.484 Date of Disbursement	
Purpose of Expenditure Digital Advertising  Category/ Type 004 10 17	2018
Name of Federal Candidate Support Office Sought: House	District:00
O'ROURKE, ROBERT (BETO), , ,	State:TX
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prim 2018  Other (specify) ▶	nary 🗶 General
(a) SUBTOTAL of Itemized Independent Expenditures	7500.00
	7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	270000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, cons with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entiparty committee) any political party committee or its agent.	
(77)	Y Y Y Y 2018