PAGE 1 / 15

# **FEC**

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURINI 3A	For Other	r Than An Auth	norized Comm	ittee	Offic	ce Use Only
NAME OF     COMMITTEE (in fu	TYPE OR	PRINT ▼	Example: If ty over the lines		12FE4M5	
NATIONAL HOR	RIZON					
ADDRESS (number and s	Suite 11 Alexand				VA 2	2314
2. <b>FEC IDENTIFICA</b>	TION NUMBER ▼	CIT	Y 🛦		STATE ▲	ZIP CODE ▲
C C00519363			THIS EPORT	NEW (N) <b>OR</b>	AMEND (A)	PED
July 15	Report (Q1) (c)	port e On: Mar	20 (M2) 20 (M3) 20 (M4) Primary (1		Aug 20 (N Sep 20 (N Oct 20 (N General (12G) Special (12S)	M9) Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
Quarterly F  January 3	Report (Q3) Report (YE) d-Year on-election (d)	30-Day POST-Election	n on 11 General (	06 / 30G)	2018 Runoff (30R)	in the State of Special (30S)
Termination (TER)	n Report	Report for the:  Election	n on	/ D = D /	Y T Y T Y	in the State of
5. Covering Period	10 / 0		through	n 10	/ D D / Y	2018
I certify that I have example or Print Name of <sup>-</sup>	Satterfie	and to the best of eld, David, , ,	my knowledge an	d belief it is tru	ue, correct and con	nplete.
Signature of Treasurer	Satterfield, David,	,,	[Electronic	ally Filed] [	Date 10	25 / 2018
NOTE: Submission of fals	se, erroneous, or inc	complete information	may subject the p	person signing t	his Report to the pe	nalties of 52 U.S.C. § 30109
Office Use					F	EC FORM 3X Rev. 05/2016

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name NATIONAL HORIZON 10 01 2018 10 17 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 121691.84 January 1, 2018 (b) Cash on Hand at 1672496.73 Beginning of Reporting Period..... 0.00 1919100.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 2040791.84 1672496.73 6(a) and 6(c) for Column B)..... 1410658.75 1778953.86 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 261837.98 261837.98 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NA.	TION	IAI	HO	RI7	ON

Report Covering the Period: From:	01 / 2018 To	: 10 / 17 / 2018 COLUMN B	
I. Receipts	I. Receipts COLUMN A Total This Period		
Contributions (other than loans) From:  (2) Individual (Parameter)  (3) Individual (Parameter)  (4) Individual (Parameter)  (5) Individual (Parameter)  (6) Individual (Parameter)  (7) Individual (Parameter)  (8) Individual (Parameter)  (9) Individual (Parameter)  (1) Individual (Parameter)  (1) Individual (Parameter)  (2) Individual (Parameter)  (3) Individual (Parameter)  (4) Individual (Parameter)  (5) Individual (Parameter)  (6) Individual (Parameter)  (7) Individual (Parameter)  (8) Individual (Parameter)  (9) Individual (Parameter)  (9) Individual (Parameter)  (1) Individual (Parameter)  (1) Individual (Parameter)  (1) Individual (Parameter)  (2) Individual (Parameter)  (3) Individual (Parameter)  (4) Individual (Parameter)  (5) Individual (Parameter)  (6) Individual (Parameter)  (7) Individual (Parameter)  (8) Individual (Parameter)  (9) Individual (Parameter)  (9) Individual (Parameter)  (1) Individual (Parameter)  (1) Individual (Parameter)  (1) Individual (Parameter)  (2) Individual (Parameter)  (3) Individual (Parameter)  (4) Individual (Parameter)  (5) Individual (Parameter)  (6) Individual (Parameter)  (7) Individual (Parameter)  (8) Individual (Parameter)  (9) Individual (Parameter)  (9) Individual (Parameter)  (1) Individual (Parameter)  (2) Individual (Parameter)  (3) Individual (Parameter)  (4) Individual (Parameter)  (5) Individual (Parameter)  (6) Individual (Parameter)  (7) Individual (Parameter)  (8) Individual (Parameter)  (9) Individual (Parameter)  (9) Individual (Parameter)  (1) Individual (Parameter)  (2) Individual (Parameter)  (3) Individual (Parameter)  (4) Individual (Parameter)  (5) Individual (Parameter)  (6) Individual (Parameter)  (7) Individual (Parameter)  (7) Individual (Parameter)  (8) Individua			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	0.00	1614100.00	
(ii) Unitemized(iii) TOTAL (add	0.00	0.00	
Lines 11(a)(i) and (ii)	0.00	1614100.00	
(b) Political Party Committees	0.00	0.00	
(such as PACs)(d) Total Contributions (add Lines	0.00	300000.00	
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	1914100.00	
Transfers From Affiliated/Other     Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made     to Federal Candidates and Other			
Political Committees  7. Other Federal Receipts	0.00	0.00	
(Dividends, Interest, etc.)	0.00	5000.00	
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(from Schedule H3)	0.00	191910	
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	1919100.00	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	1544 1115 1 61104	Calendal Teal-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4			
Expenditures	159050.00	173790.96		
(c) Total Operating Expenditures	159050.00	173790.96		
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	139030.00	170730.30		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	0.00	0.00		
and Other Political Committees  Independent Expenditures	0.00	0.00		
(use Schedule E)	801608.75	1155162.90		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00			
(use scriedule r)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
		4 4		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	4 4	4 4 4		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	, , , , ,	7 7		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	450000.00	450000.00		
Federal Election Activity (52 U.S.C. § 30101(2)	0))			
(a) Allocated Federal Election Activity	"			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	4 4	4 4 4		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
( /	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1410658.75	1778953.86		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1410658.75	1778953.86		

34. Total Contribution Refunds

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

**Operating Expenditures** 

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 0.00 1914100.00 (from Line 11(d), page 3) ..... 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1914100.00 0.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 159050.00 173790.96 (add Line 21(a)(i) and Line 21(b)) .......▶ 0.00 0.00 (from Line 15, page 3)..... 159050.00 173790.96 (subtract Line 37 from Line 36) ......

#### S 17

SCHEDULE B (FEC Form 3X) FOR LIN			LINE NUMBER: PAGE 6 OF 15				
ITEMIZED DISBURSEMENTS	I LIVILED DIODONOLIVIEN O   for each estageny of the   ' -			eck only one)			
		d Summary Page	<b>X</b> 2	1b 22 3a 28b	23 28c	26	27 30b
Any information copied from such Reports and State	monto mo	, not be cold or us					
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
NATIONAL HORIZON							
Full Name (Last, First, Middle Initial)							
A. Arent Fox LLP				Date o	f Disburse	ement	
Mailing Adduses 4747 I/ Street NIM	10	/ D	D / Y	2018			
Mailing Address 1717 K Street NW				10	نسا ال	3	2010
City	State	Zip Code		FEC Ic	lentificatio	n Number	
Washington Purpose of Disbursement	DC	20036					
Legal Services							
Candidate Name			Category/			ID: SB21	B.4817 nent this Period
			Type	Amoun	t of Lacif	Disbursen	Territ tirris i errod
	ement For:					1 7	10000.00
Senate President	Primary	General					
State: District:	Other (sp	ecity) $\blacktriangledown$		Me	emo Item		
Full Name (Last, First, Middle Initial)							
B. Jim McLaughlin & Associates				Date o	f Disburse	ement	
				M = M			YYYY
Mailing Address 24 Wescott St				10	C	3	2018
City	State	Zip Code		FFC Io	lentification	n Number	
Old Tappan Purpose of Disbursement	NJ	07675					
Survey				C			
Candidate Name			Category/			ID: SB21	B.4824 nent this Period
			Type	7 tiriodii	t or Edon	Biobarocii	ioni ino i chod
	ement For:			7 L.			46600.00
Senate President	Primary Other (sp	General					
State: District:	Other (sp	ecity)		Me	emo Item		
Full Name (Last, First, Middle Initial)							
C. McLaughlin & Associates				Date o	f Disburse	ement	
Mailing Address 566 S Route 303				10	/ D	D / Y	2018
Mailing Address 300 S Route 303							2010
City	State	Zip Code		FEC Id	lentificatio	n Number	
Blauvelt Purpose of Disbursement	NY	10913					
Survey						ID ODG	D 4004
Candidate Name			Category/			ID: SB21 Disbursen	B.4821 nent this Period
			Type	-			
Office Sought: Disbursement For:					-	7	53700.00
Senate Primary General  President Other (specify) ▼							
State: District: Other (specify)					emo Item		
				<u> </u>			
SUBTOTAL of Disbursements This Page (optional)			······				110300.00
TOTAL This Period (last page this line number only	/)						

#### S 17

CHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 7 OF 15				
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	I `	check only one)				
		Summary Page	<b>X</b> 21b 28a		23 28c	26 29	27 30b	
Anni information coming from such Demants and Otate								
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
NATIONAL HORIZON								
Full Name (Last, First, Middle Initial)								
A. McLaughlin & Associates	Date of D	oisbursem		YYY	1			
Mailing Address 566 S Route 303				10	05		2018	
City	State	Zip Code		FEC Iden	tification	Number		
Blauvelt	NY	10913						
Purpose of Disbursement Survey			· · ·	C				
Candidate Name			لبسيا			) : SB21E		
			Category/ Type	Amount o	r Each D	isbursem	ent this Per	riod
Office Sought: House Disburse	ement For:		- 7	1			15000.00	1
Senate	Primary	General			-	-		_
President State: District:	Other (sp	ecify) ▼		Memo	o Item			
Full Name (Last, First, Middle Initial)  B. Warfield & Company				Date of D	ishursem	ent		
B. Warfield & Company				Date of E	/ D D		YYY	-
Mailing Address 3122 Rokeby Road				10	05		2018	
City	State	Zip Code		FEC Iden	tification	Number		
Delaplane Purpose of Disbursement	VA	20144						
Digital Program Project Management				C				
Candidate Name			Cotogony			): SB21B	<b>3.4820</b> ent this Pei	riod
			Category/ Type	Amount o	Lacii D	isbuiseiii	eni ins rei	lou
Office Sought: House Disburse	ement For:	l_		11			33750.00	
Senate	Primary	General						
President State: District:	Other (sp	ecify)		Memo	ltem			
Full Name (Last, First, Middle Initial)				_				
C.				Date of D	isbursem	ent		
				M M	/ D D	/ Y	YYY	1
Mailing Address								_
City	State	Zip Code		FEC Iden	tification	Number		
Purpose of Disbursement				C				
Candidate Name			Category/ Type	Amount o	f Each D	isbursem	ent this Pe	riod
Office Sought: House Disburse	ement For:			1 1				. 1
Senate	Primary	General				<del></del>		_
President	Other (sp	ecify) ▼		Memo	Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional)							48750.00	$\neg$
COSTOTAL OF BISBURSCHICHES THIS Laye (optional)					7	7	46	#
TOTAL This Period (last page this line number only	v)						159050.00	

#### ľ

SCHEDULE B (FEC Form 3X)	Use separate schedul	e(s) FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	he Check only	7 one) 22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) NATIONAL HORIZON	and managed of any p		
Full Name (Last, First, Middle Initial)  A. Florida Strong			Date of Disbursement
Mailing Address 115 East Park Ave Suite 1			10 11 2018
Tallahassee	State Zip Code FL 32301		FEC Identification Number
Purpose of Disbursement Non-Federal Political Donation Candidate Name			Transaction ID : SB29.4818
Office Sought: House Disburser	ment For:	Category/ Type	Amount of Each Disbursement this Period 450000.00
Senate President	Primary Gener Other (specify) ▼	al	Memo Item
State: District:  Full Name (Last, First, Middle Initial)  3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			C
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser  Senate President	ment For: Primary General Other (specify)	al	Memo Item
State: District:  Full Name (Last, First, Middle Initial)			
Mailing Address			Date of Disbursement
	State Zip Code		FEC Identification Number
Purpose of Disbursement			C
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	ment For: Primary Gener Other (specify) ▼	al	Memo Item
State: District:			I WIGHTO ITEM
SUBTOTAL of Disbursements This Page (optional)		·····•	450000.00
TOTAL This Period (last page this line number only)			450000.00

TEMIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 15
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
NATIONAL HORIZON				C C00519363
				G 00013000
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee Harris Media LLC		☐ Memo	Item Date	e of Public Distribution/Dissemination
Tiarris iviedia EEC				10 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr			Amo	ount
City	State	Zip Code	— г	196000.00
Austin	TX	78723	Tra	nsaction ID : SE.4780
Purpose of Expenditure				e of Disbursement or Obligation
Digital Advertising (Amount Estimated)		Category/ Type 004	1	10 04 7 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
GILLIBRAND, KIRSTEN ELIZABETH, , ,		<b>x</b> Oppose	Pres	ident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	196000.00	Disbursem 2018	ent For: Primary   General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Harris Media LLC				10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr				10 04 2010
			Amo	ount
City	State	Zip Code		65487.50
Austin	TX	78723		Insaction ID: SE.4784 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ Type 004		10 04 7 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
O'ROURKE, ROBERT (BETO), , ,		<b>x</b> Oppose	Pres	ident Senate State: TX
Calendar Year-To-Date		65487.50	Disbursem	ent For: Primary Seneral
Per Election for Office Sought	7	00407.30	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		<b>.</b> [	261487.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • L	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Satterfield, David, , ,	[Electronically File	led1	M M	/ D D / Y Y Y Y Y
Signature		_ Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES			PAGE 10 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
NATIONAL HORIZON			C C00519363
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / Dad / Yayayay
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Harris Mediá LLC			10 06 / 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	42123.75
Austin	TX	78723	Transaction ID : SE.4792
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ Type 004	Date of Disbursement or Obligation  10 06 2018
Name of Federal Candidate:		Support	Office Sought:  House District: 32
ALLRED, COLIN, , ,		x Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		42123.75	Disbursement For: Primary General 2018
Full Name of Davis	,,	□ M	Uther (specify) ►  Item Date of Public Distribution/Dissemination
Full Name of Payee Harris Media LLC		∐ Memo	M M / D D / Y Y Y Y
Mailing Address 6500 Manor Dr			10 06 2018
OSOO Wallor Di			Amount
City	State	Zip Code	42123.75
Austin	TX	78723	Transaction ID : SE.4794  Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:  House District: 07
FLETCHER, ELIZABETH, , ,		<b>x</b> Oppose	President Senate State: TX
Calendar Year-To-Date		42123.75	Disbursement For: Primary General
Per Election for Office Sought	7 7		2018 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			84247.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
Satterfield, David, , ,	Electronically File	led1 -	M=M / D=D / Y=Y=Y=Y
Signature		Date	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
NATIONAL HORIZON				C00519363
			C	C00319303
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of Pub	lic Distribution/Dissemination
Harris Media LLC			10 M	06 / 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		2873.75
Austin	TX	78723	Transaction	1 ID : SE.4796
Purpose of Expenditure			Date of Disk	oursement or Obligation
Digital Advertising (Amount Estimated)		Category/ Type 004	10	06 / 2018
Name of Federal Candidate:		Support	Office Sought:	¥ House District: 23
JONES, GINA ORTIZ, , ,		<b>x</b> Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		2873.75	Disbursement For: 2018	Primary Seneral
Per Election for Office Sought	7 7		Other (s	specify) ►
Full Name of Payee Harris Media LLC		☐ Memo	Item Date of Pub	lic Distribution/Dissemination
Tiams Wedia LLC			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr			Amount	
			Amount	
City	State	Zip Code		91500.00
Austin	TX	78723		n ID : SE.4807 oursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ Type 004	10	12 / 2018
Name of Federal Candidate:		Support	Office Sought:	¥ House District: <u>26</u>
MUCARSEL-POWELL, DEBBIE, , ,		<b>x</b> Oppose	President	Senate State: FL
Calendar Year-To-Date		91500.00	Disbursement For:	Primary Seneral
Per Election for Office Sought	7 7	01000.00	2018 Other (s	specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	·		·,	94373.75
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Satterfield, David, , ,	[Electronically Fil	ed1	M M / D 1	
Signature	Laces omeany 1'll	Date	10 25	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 15
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
NATIONAL HORIZON				C C00519363
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Harris Media LLC				10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr			Amo	ount
		7: 0 1		
City	State	Zip Code 78723	Tro	91500.00 nsaction ID : SE.4809
Austin	TX	76723		e of Disbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ Type 004	4	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ight: 🗶 House District: 27
SHALALA, DONNA, , ,		Oppose	Pres	sident Senate State: FL
Calendar Year-To-Date		24522.22	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7	91500.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Harris Media LLC				10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr				
			Amo	ount
City	State	Zip Code		152000.00
Austin	TX	78723		ansaction ID : SE.4814 e of Disbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ 004		10 16 2018
Digital Navertioning (Amount Estimateu)		Type 004		10 10 2010
Name of Federal Candidate:		Support	Office Sou	ight:   House District: 19
DELGADO, ANTONIO, , ,		<b>x</b> Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date		152000.00	Disbursem	ent For: Primary General
Per Election for Office Sought	7 7	10200.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· <b> </b>	243500.00
(h) CURTOTAL of Unitersized Index on deat Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			🗀	
			, L	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Satterfield, David, , ,	[Flootronicall. F2]	adl	M = M	/ D D / Y Y Y Y Y
Signature	[Electronically File	eaj Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 15
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
NATIONAL HORIZON				C C00519363
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Harris Media LLC				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr			Ar	nount
City	State	Zip Code	— г	102000.00
Austin	TX	78723	L	ansaction ID : SE.4829
Purpose of Expenditure				ate of Disbursement or Obligation
Digital Advertising (Amount Estimated)		Category/ Type 004	1	10 17 2018
Name of Federal Candidate:		Support	Office Sc	ought:   House District: 22
BRINDISI, ANTHONY, , ,		<b>x</b> Oppose	Pre	esident Senate State: NY
Calendar Year-To-Date		400000 00	1	ment For: Primary 🗶 General
Per Election for Office Sought	7 7	102000.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Harris Media LLC				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6500 Manor Dr				<u> </u>
			Ar	nount
City	State	Zip Code		5000.00
Austin	TX	78723		ransaction ID : SE.4831 ate of Disbursement or Obligation
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ Type 004		M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:00
HEITKAMP, HEIDI, , ,		<b>✗</b> Oppose	l	esident Senate State: ND
Calendar Year-To-Date				ment For: Primary X General
Per Election for Office Sought	7 7	5000.00	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	107000.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			, г	
(c) 10 1AL maopondoni Exponditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Satterfield, David, , ,	[Electronically File	ledl -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 15	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼	
NATIONAL HORIZON				C C00519363	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M - M / D - D / Y - Y - Y	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination	
Harris Mediá LLC				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6500 Manor Dr			Amo	unt	
City	State	Zip Code		3500.00	
Austin	TX	78723		Transaction ID : SE.4834 Date of Disbursement or Obligation	
Purpose of Expenditure Digital Advertising (Amount Estimated)		Category/ Type 004		10 17 2018	
Name of Federal Candidate:		Support	Office Soug	ght: X House District: 27	
SHALALA, DONNA, , ,		X Oppose	Presi		
Calendar Year-To-Date Per Election for Office Sought	7	95000.00	Disburseme 2018	ent For: Primary <b>X</b> General Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination	
Harris Media LLC				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6500 Manor Dr			Amo	unt	
City	Chata	7:n Code		3500.00	
City Austin	State Zip Code TX 78723		Trai	nsaction ID : SE.4835	
Purpose of Expenditure			Date	of Disbursement or Obligation	
Digital Advertising (Amount Estimated)		Category/ Type 004		10 17 2018	
Name of Federal Candidate:		Support	Office Soug	ght: X House District: 26	
MUCARSEL-POWELL, DEBBIE, , ,		<b>x</b> Oppose	Presi	dent Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	95000.00	Disburseme	ent For:	
(a) SUBTOTAL of Itemized Independent Expenditures			· • L	7000.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [		
(c) TOTAL Independent Expenditures			• [		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Satterfield, David, , ,	[Electronically File	ledl –	M = M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		Date	e 10	25 2018	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 15
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
NATIONAL HORIZON				C C00519363
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee				ate of Public Distribution/Dissemination
Twitter				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1355 Market Street				mount
	T =	1		
City	State	Zip Code		4000.00
San Francisco	CA	94103		ransaction ID : SE.4828 late of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		Category/ Type 004	1	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 S	ought: House District: 00
O'ROURKE, ROBERT (BETO), , ,		<b>x</b> Oppose	Pr	resident Senate State: TX
Calendar Year-To-Date		00407.50		ement For: Primary X General
Per Election for Office Sought	7-1-1-7	69487.50	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
				M M / D D / Y Y Y Y
Mailing Address				
			A	mount
City	State	Zip Code		
				ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M = M / D = D / Y = Y = Y
		Type		
Name of Federal Candidate: Support Of			Office S	ought: House District:
		Oppose	l Pr	resident Senate State:
Calendar Year-To-Date			Disburse	ement For: Primary General
Per Election for Office Sought	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		· • L	4000.00
(h) CURTOTAL of Unitersity of Index or death Fune and its				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures				801608.75
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Satterfield, David, , ,	[Electronic -II. F"	lad1	M = M	
Signature	[Electronically Fil	ed) Date	e 10	25 2018