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

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL HORIZON	C C00519363
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Thompson Communications	Date of Public Distribution/Dissemination
Thompson Communications	07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 5	Amount
City State Zip Code	15000.00
Marshfield MO 65706	Transaction ID : SE.4630 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type	07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought:  House District:03
HERROD, CHRISTOPHER NILES, , ,	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought  Disb 2017	ursement For: Primary General  ✓ Special-Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL lades so lest For so l'ins	
(c) TOTAL Independent Expenditures	15000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	