

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

NATIONAL HORIZON

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Satterfield, David, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Satterfield, David, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL HORIZON

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="46991.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44789.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1200000.00"/>	<input type="text" value="1200000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1244789.16"/>	<input type="text" value="1246991.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1130200.50"/>	<input type="text" value="1132402.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114588.66"/>	<input type="text" value="114588.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name
NATIONAL HORIZON

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1200000.00	1200000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1200000.00	1200000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1200000.00	1200000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1200000.00	1200000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1200000.00	1200000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	147.50	2349.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	147.50	2349.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1130053.00	1130053.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(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 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1130200.50	1132402.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1130200.50	1132402.70

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1200000.00	1200000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1200000.00	1200000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	147.50	2349.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	147.50	2349.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL HORIZON

A. Club for Growth
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2001 L Street NW
Suite 600
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.4595
Amount of Each Receipt this Period 500000.00
 Memo Item Contribution

B. Lauder, Ronald, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 767 5th Avenue, Suite 4200
City New York State NY Zip Code 10153
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Occupation (for Individual) Lauder Investments Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650000.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.4591
Amount of Each Receipt this Period 650000.00
 Memo Item Contribution

C. Lauder, Ronald, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 767 5th Avenue, Suite 4200
City New York State NY Zip Code 10153
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Occupation (for Individual) Lauder Investments Executive
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 700000.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.4592
Amount of Each Receipt this Period 50000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200000.00
TOTAL This Period (last page this line number only).....▶	1200000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL HORIZON

A. Huckaby Davis Lisker

Full Name (Last, First, Middle Initial)

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
FEC Compliance and Accounting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4597

Amount of Each Disbursement this Period: 87.50

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 87.50

TOTAL This Period (last page this line number only)..... ▶ 87.50

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATIONAL HORIZON
FEC IDENTIFICATION NUMBER C C00519363

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Thompson Communications
Mailing Address P.O. Box 5
City Marshfield State MO Zip Code 65706
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate: TEACHOUT, ZEPHYR, , ,
Office Sought: House District: 19 State: NY
Disbursement For: General 2016
Amount 140000.00
Transaction ID: SE.4564

Full Name of Payee Thompson Communications
Mailing Address P.O. Box 5
City Marshfield State MO Zip Code 65706
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,
Office Sought: Senate District: 00 State: PA
Disbursement For: General 2016
Amount 920000.00
Transaction ID: SE.4574

(a) SUBTOTAL of Itemized Independent Expenditures 1060000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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.

Satterfield, David, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL HORIZON	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00519363 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Thompson Communications	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>			
Mailing Address P.O. Box 5	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">48643.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Marshfield</td> <td style="width:17%; padding: 2px;">State MO</td> <td style="width:50%; padding: 2px;">Zip Code 65706</td> </tr> </table>		City Marshfield	State MO	Zip Code 65706
City Marshfield		State MO	Zip Code 65706	
Purpose of Expenditure Media Placement				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TEACHOUT, ZEPHYR, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">198643.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item Warfield & Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>			
Mailing Address 3122 Rokeby Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10000.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Delaplane</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20144</td> </tr> </table>		City Delaplane	State VA	Zip Code 20144
City Delaplane		State VA	Zip Code 20144	
Purpose of Expenditure Media Production				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TEACHOUT, ZEPHYR, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">150000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">58643.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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.

Satterfield, David, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NATIONAL HORIZON	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00519363 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Warfield & Company	Date of Public Distribution/Dissemination 10 / 24 / 2016			
Mailing Address 3122 Rokeby Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10053.00</div> Transaction ID : SE.4576 Date of Disbursement or Obligation 10 / 24 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Delaplane</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20144</td> </tr> </table>		City Delaplane	State VA	Zip Code 20144
City Delaplane		State VA	Zip Code 20144	
Purpose of Expenditure Media Production				
Name of Federal Candidate: <input type="checkbox"/> Support MCGINTY, KATHLEEN ALANA, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>			
Calendar Year-To-Date Per Election for Office Sought 930053.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Warfield & Company	Date of Public Distribution/Dissemination 11 / 03 / 2016			
Mailing Address 3122 Rokeby Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1357.00</div> Transaction ID : SE.4583 Date of Disbursement or Obligation 11 / 03 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Delaplane</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20144</td> </tr> </table>		City Delaplane	State VA	Zip Code 20144
City Delaplane		State VA	Zip Code 20144	
Purpose of Expenditure Media Production				
Name of Federal Candidate: <input type="checkbox"/> Support TEACHOUT, ZEPHYR, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>			
Calendar Year-To-Date Per Election for Office Sought 200000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">11410.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1130053.00</div>

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.

Satterfield, David, , ,

[Electronically Filed]

Date

12 / 08 / 2016

Signature