

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NextGen Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542779	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 04 / 16 / 2013</div> </div>	

  

Full Name (Last, First, Middle Initial) of Payee <b>Barnes Mosher Whitehurst Lauter &amp; Partners, Inc.</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 04 / 16 / 2013</div> </div>	
Mailing Address 660 Mission St., 2nd Floor, Ste 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6250.00</div>	
City San Francisco	State CA	Zip Code 94105	Transaction ID : PDT.E.11
Purpose of Expenditure Consulting Services	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">339948.00</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____	

  

Full Name (Last, First, Middle Initial) of Payee <b>Mark Fabiani, LLC</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 04 / 16 / 2013</div> </div>	
Mailing Address 939 Coast Blvd., Suite 4D		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12500.00</div>	
City La Jolla	State CA	Zip Code 92037	Transaction ID : PDT.E.12
Purpose of Expenditure Consulting Services	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">339948.00</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">18750.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></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.

Thomas Adams

Signature \_\_\_\_\_

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2013

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(SCHEDULE E)

PAGE 2 OF 3  
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NAME OF COMMITTEE (In Full) <b>NextGen Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542779	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY <b>04 / 16 / 2013</b>	
Full Name (Last, First, Middle Initial) of Payee <b>Mark Fabiani, LLC</b>		Date MM / DD / YYYY <b>04 / 16 / 2013</b>	
Mailing Address <b>939 Coast Blvd., Suite 4D</b>		Amount <b>12500.00</b>	
City <b>La Jolla</b>	State <b>CA</b>	Zip Code <b>92037</b>	Transaction ID : <b>PDT.E.13</b>
Purpose of Expenditure <b>Consulting Services</b>	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House State: <b>MA</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Stephen F. Lynch</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>339948.00</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____	
Full Name (Last, First, Middle Initial) of Payee <b>Sadler Strategic Media, Inc.</b>		Date MM / DD / YYYY <b>04 / 15 / 2013</b>	
Mailing Address <b>12103 Viewcrest Road</b>		Amount <b>49700.00</b>	
City <b>Studio City</b>	State <b>CA</b>	Zip Code <b>91604</b>	Transaction ID : <b>EDT.E.6</b>
Purpose of Expenditure <b>Aerial Banners</b>	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House State: <b>MA</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Stephen F. Lynch</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>339948.00</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>62200.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
<p>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.</p> <p style="text-align: center;">Thomas Adams</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date MM / DD / YYYY <b>04 / 22 / 2013</b></p>			

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NAME OF COMMITTEE (In Full) <b>NextGen Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542779	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY <b>04 / 16 / 2013</b>	
Full Name (Last, First, Middle Initial) of Payee <b>Winning Connections, Inc.</b>		Date MM / DD / YYYY <b>04 / 16 / 2013</b>	
Mailing Address 317 Pennsylvania Ave., SE, 2nd Floor		Amount <b>55000.00</b>	
City Washington	State DC	Zip Code 20003	Transaction ID : EDT.E.7
Purpose of Expenditure Robocalls	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House State: <b>MA</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>339948.00</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>55000.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶		<b>135950.00</b>	
<p>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.</p> <p style="text-align: center;">Thomas Adams</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date MM / DD / YYYY <b>04 / 22 / 2013</b></p>			