

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 APR 18 9:11 AM Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12 FEAMS  
THE NEW GENERATION

ADDRESS (number and street) 9805 N. W. 52ND ST  
ST. E. 511  
DORAL FL 33178

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C00500785

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

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:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:


General (30G)	Runoff (30R)	Special (30S)
---------------	--------------	---------------

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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

Type or Print Name of Treasurer Joel Frewa

Signature of Treasurer  Date 04 / 01 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**FEC FORM 3X**  
Rev. 12/2004

12030784319

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THE NEW GENERATION

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 01 / 01 / 2012 To: <sup>M M / D D / Y Y Y Y</sup> 03 / 31 / 2012

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand		<sup>Y Y Y Y</sup>			
January 1,		2012			1,217.63
(b) Cash on Hand at					
Beginning of Reporting Period.....			1,217.63		
(c) Total Receipts (from Line 19).....			5,178.00		5,178.00
(d) Subtotal (add Lines 6(b) and					
6(c) for Column A and Lines					
6(a) and 6(c) for Column B).....			6,395.63		6,395.63
7. Total Disbursements (from Line 31).....			5,722.97		5,722.97
8. Cash on Hand at Close of					
Reporting Period					
(subtract Line 7 from Line 6(d)).....			750.93		750.93
9. Debts and Obligations Owed TO					
the Committee (Itemize all on					
Schedule C and/or Schedule D).....			0.00		
10. Debts and Obligations Owed BY					
the Committee (Itemize all on					
Schedule C and/or Schedule D).....			1,983.45		

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

12030784320

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

THE NEW GENERATION

Report Covering the Period: From: <sup>M</sup>0 <sup>M</sup>1 / <sup>D</sup>01 / <sup>Y</sup>2012 To: <sup>M</sup>03 / <sup>D</sup>31 / <sup>Y</sup>2012

12030784321

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).....	1,875.00	1,875.00
(ii) Unitemized.....	1,153.00	1,153.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,028.00	3,028.00
(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).....▶	3,028.00	3,028.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	2,000.00	2,000.00
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.....	150.00	150.00
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)).....▶	5,178.00	5,178.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,178.00	5,178.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

12030784322

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 .....	,	,
(ii) Non-Federal Share .....	,	,
(b) Other Federal Operating Expenditures .....	, 4,665.81	, 4,665.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	, 4,665.81	, 4,665.81
22. Transfers to Affiliated/Other Party Committees .....	,	,
28. Contributions to Federal Candidates/Committees and Other Political Committees .....	,	,
24. Independent Expenditures (use Schedule E) .....	, 832.16	, 832.16
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	,	,
26. Loan Repayments Made .....	, 225.00	, 225.00
27. Loans Made .....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	,	,
(b) Political Party Committees .....	,	,
(c) Other Political Committees (such as PACs) .....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	,	,
29. Other Disbursements .....	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	,	,
(ii) "Levin" Share .....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds .....	,	,
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	, 5,722.97	, 5,722.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	, 5,722.97	, 5,722.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	3,028.00	3,028.00
34. Total Contribution Refunds (from Line 28(d)) .....	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,028.00	3,028.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4,665.81	4,665.81
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4,665.81	4,665.81

12030784323

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

*The New Generation*

Full Name (Last, First, Middle Initial)

A. *FREWA, ELIA*

Mailing Address

*10365 N.W. 46TH ST.*

City State Zip Code

Date of Receipt

*01 ' 20 ' 2012*

Amount of Each Receipt this Period

*, 1,675.00*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*INT. CLOSET CENTER*

Occupation

*CEO*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*, 1,675.00*

Full Name (Last, First, Middle Initial)

B. *AMIELLE FREWA*

Mailing Address

*9805 N.W. 52ND ST #511*

City State Zip Code

*DORAL FL 33178*

Date of Receipt

*03 ' 15 ' 2012*

Amount of Each Receipt this Period

*, 200.00*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*SELF*

Occupation

*STUDENT*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*, 200.00*

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Date of Receipt

W W / D D / Y Y Y Y

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)..... ▶

*, 1,875.00*

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

*, , .*

12030784324

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/> 13								

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NAME OF COMMITTEE (In Full)

*THE NEW GENERATION*

Full Name (Last, First, Middle Initial)

A. *J.P. MORGAN CHASE & CO.*

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*2,000.00*

*LINE OF CREDIT*

Date of Receipt

*01 / 04 / 2012*

Amount of Each Receipt this Period

*2,000.00*

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

*2,000.00*

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

*3,875.00*

12030784325

**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)

PAGE 1 OF 3

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)

THE NEW GENERATION

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

TRAVELOCITY

Mailing Address

01' 24' 2012

City State Zip Code

Purpose of Disbursement

TRAVEL EXPENSES

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

318.65

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) TRAVEL

State: District:

B.

Date of Disbursement

MARRIOTT HOTELS

Mailing Address

02' 14' 2012

City State Zip Code

Purpose of Disbursement

TRAVEL LODGING

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1,285.21

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) TRAVEL LODGING

State: District:

C.

Date of Disbursement

Mailing Address

M M / D D / Y Y Y Y

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

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

1,603.86

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

12030784326



**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)

PAGE 2 OF 3

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

**FEDEx OFFICE**

Mailing Address

City State Zip Code

Purpose of Disbursement

**EVENT INVITATIONS**  
Candidate Name

**006**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
**EVENT INVITATIONS**

Date of Disbursement

M M ' D D ' Y Y Y Y  
**02 05 ' 20 12**

Amount of Each Disbursement this Period  
**, 290.45**

B.

**U. S. P. S.**

Mailing Address

City State Zip Code

Purpose of Disbursement

**MASS MAILER**  
Candidate Name

**006**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
**MAILER**

Date of Disbursement

M M ' D D ' Y Y Y Y  
**03 02 ' 20 12**

Amount of Each Disbursement this Period  
**, 193.45**

C.

**GRAPHICSLAND**

Mailing Address

**2061 186TH ST.**

City State Zip Code

**TINLEY PARK IL 60487**

Purpose of Disbursement

**BUMPER STICKERS**  
Candidate Name

**006**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
**BUMPER STICKERS**

Date of Disbursement

M M ' D D ' Y Y Y Y  
**01 24 ' 20 12**

Amount of Each Disbursement this Period  
**, 169.95**

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

**, 653.85**

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

12030784327

**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)

PAGE 3 OF 3

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

**THE NEW GENERATION**

Full Name (Last, First, Middle Initial)

**A.**

**Sign World U.S. Inc.**

Mailing Address  
**1733 S. CAMPUS AVE.**

City **ONTARIO** State **CA** Zip Code **91761**

Purpose of Disbursement  
**EVENT BANNERS**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **EVENT BANNERS**

State: District:

Date of Disbursement

01'19'2012

Amount of Each Disbursement this Period

20398

007  
Category/  
Type

**B.**

**BEST PRINT IDEAS**

Mailing Address  
**1012 TUPALO WAY**

City **WESTON** State **FL** Zip Code **33027**

Purpose of Disbursement  
**EVENT BANNERS**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **EVENT BANNERS**

State: District:

Date of Disbursement

01'16'2012

Amount of Each Disbursement this Period

365.00

007  
Category/  
Type

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

568.98

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

2,826.69

12030784328

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

*THE NEW GENERATION*

LOAN SOURCE Full Name (Last, First, Middle Initial)

*J.P. MORGAN CHASE & CO.*

Mailing Address

City

State

ZIP Code

Election:

Primary

General

Other (specify) ▼

*OPERATING CASH FLOW*

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

*2,000.00*

*225.00*

*1,983.45*

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

*01'04'2012*

*04'28'2012*

*13.24 % (apr)*

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

*1,983.45*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030784329

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>THE NEW GENERATION</i>	FEC IDENTIFICATION NUMBER <i>C 00500785</i>
--	--

LENDING INSTITUTION (LENDER) Full Name <i>J.P. MORGAN CHASE &amp; CO.</i>	Amount of Loan <i>, 2,000.00</i>	Interest Rate (APR) <i>13.24 %</i>
---	-------------------------------------	---------------------------------------

Mailing Address <i>9785 N.W. 41ST. ST.</i>	Date Incurred or Established M M / D D / Y Y Y Y <i>01 / 04 / 2012</i>	Date Due M M / D D / Y Y Y Y <i>04 / 28 / 2012</i>
City State Zip Code <i>DORAL FL 33178</i>		

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw: *, 2,000.00* Total Outstanding Balance: *, 1,983.45*


C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? \_\_\_\_\_  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
 Date account established: M M / D D / Y Y Y Y Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  
*REVOLVING LINE OF CREDIT BASED ON TREASURER'S PERSONAL CREDIT*

G. COMMITTEE TREASURER Typed Name <i>FREWE, JOEL</i> Signature 	DATE M M / D D / Y Y Y Y <i>04 / 02 / 2012</i>
--	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y
Title	

12030784330

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 / 10

NAME OF COMMITTEE (In Full)  
*THE NEW GENERATION*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>J.P. Morgan Chase &amp; Co.</i>	Nature of Debt (Purpose): <i>GENERAL OPERATING &amp; TRAVEL EXPENDITURES</i>
Mailing Address <i>9785 N.W. 41ST ST.</i>	
City State Zip Code <i>DORAL FL 33178</i>	

Outstanding Balance Beginning This Period <i>0.00</i>	Amount Incurred This Period <i>2,208.45</i>	Payment This Period <i>225.00</i>	Outstanding Balance at Close of This Period <i>1,983.45</i>
--	--	--------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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1) SUBTOTALS This Period This Page (optional).....▶	, , .
2) TOTALS This Period (last page this line number only).....▶	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	, <i>1,983.45</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	, <i>1,983.45</i>

12030784331

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

NAME OF COMMITTEE (In Full) <b>THE NEW GENERATION</b>	FEC IDENTIFICATION NUMBER <b>C00500785</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

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Full Name (Last, First, Middle Initial) of Payee <b>ANIMAGE</b>		Date <b>02 07 2012</b>	
Mailing Address <b>3110 W. 84TH ST. #2</b>		Amount <b>12840</b>	
City <b>HIALAH</b>	State <b>FL</b>	Zip Code <b>33018</b>	
Purpose of Expenditure <b>PRINT ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>20</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEBBIE WASSERMAN SHULTZ</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>12840</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK</b>		Date <b>03 31 2012</b>	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure <b>FACEBOOK ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>20</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEBBIE WASSERMAN SHULTZ</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>30197</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>43037</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) 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.

Signature

Date **04 02 2012**

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

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ <b>C00500785</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

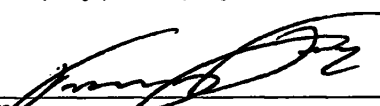
12030784333

Full Name (Last, First, Middle Initial) of Payee <b>FACEBOOK</b>		Date <b>03'31'2012</b>
Mailing Address		Amount <b>10000</b>
City	State	Zip Code
Purpose of Expenditure <b>FACEBOOK ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>10000</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>GOOGLE ADWORDS</b>		Date <b>03'31'2012</b>
Mailing Address		Amount <b>19394</b>
City	State	Zip Code
Purpose of Expenditure <b>ADWORDS ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>20</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEBBIE WASSERMAN SHULTZ</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>19394</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>29394</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) 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.

Signature  Date **04'02'2012**

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

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ <b>C00500785</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M / D D / Y Y Y Y</span>	

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Full Name (Last, First, Middle Initial) of Payee <b>i PRINT.COM</b>		Date <b>03 / 21 / 2012</b>
Mailing Address		Amount <b>107.85</b>
City	State	Zip Code
Purpose of Expenditure <b>PRINT ADVERTISING</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>107.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
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>107.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<b>823.16</b>

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.

  
Signature

Date **04 / 02 / 2012**



**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

12030784335

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/13/12
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jmp* *4/18/12*  
**PREPARER** **DATE PREPARED**  
 (3/2005)