



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

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="2014"/>	<input type="text" value="26104.94"/>	<input type="text" value="26104.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26104.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="74690.00"/>	<input type="text" value="74690.00"/>
(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="100794.94"/>	<input type="text" value="100794.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="96585.47"/>	<input type="text" value="96585.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4209.47"/>	<input type="text" value="4209.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="500.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="115406.80"/>	

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

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

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).....	8185.00	8185.00
(ii) Unitemized .....	66505.00	66505.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74690.00	74690.00
(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) .....	74690.00	74690.00
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))..... ▶	74690.00	74690.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74690.00	74690.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	96585.47	96585.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	96585.47	96585.47
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) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	96585.47	96585.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96585.47	96585.47

**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) .....	74690.00	74690.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74690.00	74690.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	96585.47	96585.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	96585.47	96585.47

**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 6 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Mr. John Beason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1440 Brazos Dr  
 Apt 159  
 City Huntsville State TX Zip Code 77320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Texas Medical Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 01 / 23 / 2014  
**Transaction ID : SA11Al.107016**  
 Amount of Each Receipt this Period  
 25.00  
 Contribution

**B. Mr. John Beason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1440 Brazos Dr  
 Apt 159  
 City Huntsville State TX Zip Code 77320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Texas Medical Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 03 / 17 / 2014  
**Transaction ID : SA11Al.107013**  
 Amount of Each Receipt this Period  
 200.00  
 Contribution

**C. Mr. John Beason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1440 Brazos Dr  
 Apt 159  
 City Huntsville State TX Zip Code 77320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Texas Medical Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 03 / 17 / 2014  
**Transaction ID : SA11Al.107015**  
 Amount of Each Receipt this Period  
 25.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 7 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Mr. William Breitfelder**  
Full Name (Last, First, Middle Initial)

Mailing Address 7429 Dog Trot Rd

City Cincinnati State OH Zip Code 45248

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

Name of Employer William Breitfelder Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **02 / 24 / 2014**

**Transaction ID : SA11AI.107017**

Amount of Each Receipt this Period **300.00**

Contribution

**B. Ms. Margaret Cascarella**  
Full Name (Last, First, Middle Initial)

Mailing Address 1755 N Berendo St. Apt. 22

City Los Angeles State CA Zip Code 90027

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **02 / 19 / 2014**

**Transaction ID : SA11AI.107020**

Amount of Each Receipt this Period **100.00**

Contribution

**C. Ms. Margaret Cascarella**  
Full Name (Last, First, Middle Initial)

Mailing Address 1755 N Berendo St. Apt. 22

City Los Angeles State CA Zip Code 90027

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 19 / 2014**

**Transaction ID : SA11AI.107022**

Amount of Each Receipt this Period **25.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **425.00**

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

**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 8 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Sabato F. Catucci</b>		Date of Receipt
Mailing Address 405 Aqueduct Rd		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ossining	NY	10562
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>SA11Al.107025</b>
American stevedoring	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>B. Ms. Loretta J. Collins</b>		Date of Receipt
Mailing Address 103 Ritzman Ln.		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Kalispell	MT	59901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>SA11Al.107027</b>
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles E. Cox</b>		Date of Receipt
Mailing Address 13628 Diamond Head Dr		<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33624
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>SA11Al.107029</b>
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 9 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Mr. Jerry G. Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 95  
 City Lenorah State TX Zip Code 79749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Farmer and Rancher  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 19 / 2014**  
**Transaction ID : SA11Al.107031**  
 Amount of Each Receipt this Period **250.00**  
 Contribution

**B. Mrs. Maria E. Cueto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 SW 14th Ter  
 City Miami State FL Zip Code 33145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cueto Corp Occupation Real Estate Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 24 / 2014**  
**Transaction ID : SA11Al.107033**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

**C. Mr. Matthew J. Doherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1633 Sunset Ave Sw  
 City Seattle State WA Zip Code 98116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Us Seafoods Occupation Food Scientist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **03 / 24 / 2014**  
**Transaction ID : SA11Al.107035**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>625.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)  
**A. Ms. Lois S. Edgerly**

Mailing Address 32 Highland St

City Cambridge State MA Zip Code 02138

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11Al.107038**

Amount of Each Receipt this Period  
**50.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Ms. Lois S. Edgerly**

Mailing Address 32 Highland St

City Cambridge State MA Zip Code 02138

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11Al.107040**

Amount of Each Receipt this Period  
**15.00**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Ms. Wilma M Edwards**

Mailing Address Po Box 2948

City Del Mar State CA Zip Code 92014

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : SA11Al.107041**

Amount of Each Receipt this Period  
**200.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.00**

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

**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 11 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Ms. Geraldine M Emerson**  
Full Name (Last, First, Middle Initial)

Mailing Address 360A Lovell Rd

City State Zip Code  
Clarksville GA 30523

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

Name of Employer Occupation  
Not Employed Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2014  
**Transaction ID : SA11Al.107044**

Amount of Each Receipt this Period  
70.00

Contribution

**B. James Preston Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 5000 Clinton Pkwy Apt 1007

City State Zip Code  
Lawrence KS 66047

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2014  
**Transaction ID : SA11Al.107049**

Amount of Each Receipt this Period  
25.00

Contribution

**C. Mr. Robert Farmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 21315 W 181st St

City State Zip Code  
Olathe KS 66062

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

Name of Employer Occupation  
Deffenghauh Inc. Laborer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2014  
**Transaction ID : SA11Al.107051**

Amount of Each Receipt this Period  
25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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

**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 12 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Mr. Raymond N. Fink</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 <b>Transaction ID : SA11AI.107054</b>
Mailing Address PO Box 134		Amount of Each Receipt this Period 50.00
City Williamston	State MI	Zip Code 48895
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Raymond N. Fink</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2014 <b>Transaction ID : SA11AI.107052</b>
Mailing Address PO Box 134		Amount of Each Receipt this Period 100.00
City Williamston	State MI	Zip Code 48895
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Raymond N. Fink</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 <b>Transaction ID : SA11AI.107056</b>
Mailing Address PO Box 134		Amount of Each Receipt this Period 50.00
City Williamston	State MI	Zip Code 48895
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Mr. Raymond N. Fink**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 134

City Williamston State MI Zip Code 48895

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11Al.107055**

Amount of Each Receipt this Period  
**15.00**

Contribution

**B. Mr. Raymond N. Fink**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 134

City Williamston State MI Zip Code 48895

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11Al.107057**

Amount of Each Receipt this Period  
**50.00**

Contribution

**C. MS Edith F Generous**  
Full Name (Last, First, Middle Initial)

Mailing Address 219 State Route 264

City Phoenix State NY Zip Code 13135

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

Name of Employer Mother Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 26 / 2014**

**Transaction ID : SA11Al.107058**

Amount of Each Receipt this Period  
**200.00**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>265.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 14 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. MerrieAnne Hamburg-Eylers</b>		Date of Receipt
Mailing Address 931 N Poinciana Rd		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Gilbert	AZ	85234
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.107061</b>
Red Mountain	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>B. Mr. Donald Hines</b>		Date of Receipt
Mailing Address 8172 E Galinda Dr		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tucson	AZ	85750
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.107064</b>
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>C. Mr. Donald Hines</b>		Date of Receipt
Mailing Address 8172 E Galinda Dr		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tucson	AZ	85750
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.107062</b>
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>	<input type="text" value="200.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="475.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 15 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Mr. Donald Hines</b>		Date of Receipt
Mailing Address 8172 E Galinda Dr		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tucson	AZ	85750
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.107065</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Retired	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary M. Israel</b>		Date of Receipt
Mailing Address PO Box 2215		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Walnut Creek	CA	94595
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.107067</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Homemaker	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ms. Joan L Killebrew</b>		Date of Receipt
Mailing Address 802 Paleface Ranch Rd S		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Spicewood	TX	78669
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.107069</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Information Requested	Information Requested	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 16 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Mrs. Lillian I. Krueger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6756 N 72nd Ave  
 City Wausau State WI Zip Code 54401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 24 / 2014  
**Transaction ID : SA11Al.107071**  
 Amount of Each Receipt this Period 25.00  
 Contribution

**B. Ms. Alice O. Lebewohl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 Calle Real A 129  
 City Santa Barbara State CA Zip Code 93111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 27 / 2014  
**Transaction ID : SA11Al.107072**  
 Amount of Each Receipt this Period 200.00  
 Contribution

**C. Ms. Alice O. Lebewohl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 Calle Real A 129  
 City Santa Barbara State CA Zip Code 93111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 03 / 2014  
**Transaction ID : SA11Al.107073**  
 Amount of Each Receipt this Period 200.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 17 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. MR Don J. Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1830 Hill Haven Rd  
 City Hollister State MO Zip Code 65672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **235.00**

Date of Receipt **03 / 13 / 2014**  
**Transaction ID : SA11Al.107075**  
 Amount of Each Receipt this Period **200.00**  
 Contribution

**B. Ms Marie D Masters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 302  
 City Webster State WI Zip Code 54893  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 28 / 2014**  
**Transaction ID : SA11Al.107078**  
 Amount of Each Receipt this Period **50.00**  
 Contribution

**C. Ms. Janet B. McBride**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17001 Searstone Dr Apt 311  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 19 / 2014**  
**Transaction ID : SA11Al.107081**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 18 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Ms. Norma J. Meece</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 <b>Transaction ID : SA11Al.107086</b>
Mailing Address 2296 Sedona Hills Pkwy		Amount of Each Receipt this Period 25.00
City Las Cruces	State NM	Zip Code 88011
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Nellie M. Mitchell</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 <b>Transaction ID : SA11Al.107088</b>
Mailing Address 3230 Las Faldas Dr		Amount of Each Receipt this Period 100.00
City Fullerton	State CA	Zip Code 92835
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Gracelyn J. Neville</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 <b>Transaction ID : SA11Al.107090</b>
Mailing Address 1638 Leola St.		Amount of Each Receipt this Period 200.00
City Kaysville	State UT	Zip Code 84037
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Engineer	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 19 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. MR Ernest Nicolay</b>		Date of Receipt
Mailing Address 29875 Bradmoor Ct		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Farmington	MI	48334
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.107093
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>B. Ms. Georgia T. Paschall</b>		Date of Receipt
Mailing Address 1054 Foxcroft Rd. Nw		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30327
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.107095
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

Full Name (Last, First, Middle Initial) <b>C. Mr. Erik Renken</b>		Date of Receipt
Mailing Address 401 Oscar St		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Campo	TX	77437
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11Al.107096
Vitamin Inc. Independent Distributo	Self Employed	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 20 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Mr. Erik Renken</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 <b>Transaction ID : SA11AI.107101</b>
Mailing Address 401 Oscar St		Amount of Each Receipt this Period 250.00
City El Campo	State TX	Zip Code 77437
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Vitamin Inc. Independent Distributo	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Erik Renken</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2014 <b>Transaction ID : SA11AI.107099</b>
Mailing Address 401 Oscar St		Amount of Each Receipt this Period 85.00
City El Campo	State TX	Zip Code 77437
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Vitamin Inc. Independent Distributo	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Erik Renken</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2014 <b>Transaction ID : SA11AI.107100</b>
Mailing Address 401 Oscar St		Amount of Each Receipt this Period 25.00
City El Campo	State TX	Zip Code 77437
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Vitamin Inc. Independent Distributo	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 21 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Ms. Anne M. Ryan</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2014 <b>Transaction ID : SA11Al.107105</b>
Mailing Address 5402 Pennock Point Rd		Amount of Each Receipt this Period 25.00
City Jupiter	State FL	Zip Code 33458
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Anne M. Ryan</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2014 <b>Transaction ID : SA11Al.107102</b>
Mailing Address 5402 Pennock Point Rd		Amount of Each Receipt this Period 200.00
City Jupiter	State FL	Zip Code 33458
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Anne M. Ryan</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2014 <b>Transaction ID : SA11Al.107104</b>
Mailing Address 5402 Pennock Point Rd		Amount of Each Receipt this Period 25.00
City Jupiter	State FL	Zip Code 33458
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 22 OF 45
<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

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Mr. Nicholas H. Schrier</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2014 <b>Transaction ID : SA11Al.107107</b>
Mailing Address PO Box 60104		Amount of Each Receipt this Period 75.00
City Sacramento	State CA	Zip Code 95860
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary L. Sheehan</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2014 <b>Transaction ID : SA11Al.107108</b>
Mailing Address 14665 Preston Rd Apt 200		Amount of Each Receipt this Period 200.00
City Dallas	State TX	Zip Code 75254
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary L. Sheehan</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 <b>Transaction ID : SA11Al.107109</b>
Mailing Address 14665 Preston Rd Apt 200		Amount of Each Receipt this Period 200.00
City Dallas	State TX	Zip Code 75254
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 23 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Ms. Mary L. Sheehan**  
Full Name (Last, First, Middle Initial)

Mailing Address 14665 Preston Rd  
Apt 200

City Dallas State TX Zip Code 75254

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.00**

Date of Receipt  
**03 / 27 / 2014**

**Transaction ID : SA11Al.107114**

Amount of Each Receipt this Period  
**25.00**

Contribution

**B. Ms. Helen W. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 221051

City Saint Louis State MO Zip Code 63122

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**03 / 19 / 2014**

**Transaction ID : SA11Al.107115**

Amount of Each Receipt this Period  
**200.00**

Contribution

**C. Ms. Helen W. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 221051

City Saint Louis State MO Zip Code 63122

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**03 / 27 / 2014**

**Transaction ID : SA11Al.107116**

Amount of Each Receipt this Period  
**200.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **425.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 24 OF 45
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Mr. Nicholas J. Sowar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7299 Country Club Ln  
 City West Chester State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Deloitte Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **01 / 17 / 2014**  
**Transaction ID : SA11AI.107121**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**B. Mr. Charles C Stanford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9025  
 City Pecos State TX Zip Code 79772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **575.00**

Date of Receipt **01 / 02 / 2014**  
**Transaction ID : SA11AI.107123**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**C. Ms. Dana Sun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 276  
 City Three Rivers State CA Zip Code 93271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 27 / 2014**  
**Transaction ID : SA11AI.107124**  
 Amount of Each Receipt this Period **100.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 25 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Ms. Dana Sun</b>		Date of Receipt
Mailing Address PO Box 276		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Three Rivers	CA	93271
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.107126</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Contribution
Homemaker	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Margaret J. Thoms</b>		Date of Receipt
Mailing Address 6191 Red Fox Run		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Traverse City	MI	49686
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.107131</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Margaret J. Thoms</b>		Date of Receipt
Mailing Address 6191 Red Fox Run		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Traverse City	MI	49686
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.107132</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 26 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial) <b>A. Mr. Edmund Thornton</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 09 / 2014 <b>Transaction ID : SA11Al.107133</b>
Mailing Address PO Box 1			Amount of Each Receipt this Period 250.00
City Ottawa	State IL	Zip Code 61350	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Retired	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Mr. John S Townsend</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014 <b>Transaction ID : SA11Al.107135</b>
Mailing Address 8306 Road 3.2 NE			Amount of Each Receipt this Period 25.00
City Moses Lake	State WA	Zip Code 98837	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Information Requested	Occupation Information Requested	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Margaret H. Truesdale</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014 <b>Transaction ID : SA11Al.107139</b>
Mailing Address 2951 Camino De Las Piedras			Amount of Each Receipt this Period 200.00
City El Cajon	State CA	Zip Code 92019	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Retired	Occupation Homemaker	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 27 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

**A. Mr. Parks C. Underdown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 949 1st St Ne  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11Al.107141**  
 Amount of Each Receipt this Period  
 200.00  
 Contribution

**B. Mr. Marvin Vlaski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7401 Yorktown Ave  
 City Huntington Beach State CA Zip Code 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2014  
**Transaction ID : SA11Al.107147**  
 Amount of Each Receipt this Period  
 25.00  
 Contribution

**C. Mr. Jacques E. Welin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6301 Overton Ridge Blvd Apt 482  
 City Fort Worth State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2014  
**Transaction ID : SA11Al.107149**  
 Amount of Each Receipt this Period  
 25.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)  
**A. Ms. Barbara Yerby**

Mailing Address PO Box 201

City State Zip Code  
Stapleton AL 36578

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2014  
**Transaction ID : SA11AL107137**

Amount of Each Receipt this Period  
300.00

Contribution

Full Name (Last, First, Middle Initial)  
**B.**

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 Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

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 Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8185.00

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Baker Hostetler**

Mailing Address 1050 Connecticut Ave NW  
Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Legal Services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.107178**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Baker Hostetler**

Mailing Address 1050 Connecticut Ave NW  
Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Legal Services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.107180**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 11190 Main Street

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Bank Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.107205**

Amount of Each Disbursement this Period

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

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

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 11190 Main Street

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : SB21B.107209**

Amount of Each Disbursement this Period

575.43

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address 11190 Main Street

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : SB21B.107211**

Amount of Each Disbursement this Period

128.15

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address 11190 Main Street

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2014

**Transaction ID : SB21B.107198**

Amount of Each Disbursement this Period

113.79

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

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

817.37

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 11190 Main Street

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2014

**Transaction ID : SB21B.107203**

Amount of Each Disbursement this Period

191.13

Full Name (Last, First, Middle Initial)

**B. Fred O. Burkhalter**

Mailing Address The Alpin Center  
7023 Mill Road

City State Zip Code  
Brecksville OH 44141

Purpose of Disbursement  
Rent Expense

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : SB21B.107181**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Fred O. Burkhalter**

Mailing Address The Alpin Center  
7023 Mill Road

City State Zip Code  
Brecksville OH 44141

Purpose of Disbursement  
Rent Expense

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : SB21B.107182**

Amount of Each Disbursement this Period

300.00

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

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

791.13

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Fred O. Burkhalter**

Mailing Address The Alpin Center  
7023 Mill Road

City Brecksville State OH Zip Code 44141

Purpose of Disbursement  
Rent Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2014

**Transaction ID : SB21B.107183**

Amount of Each Disbursement this Period

300.00
--------

**B. Federal Election Commission**

Full Name (Last, First, Middle Initial)

Mailing Address 999 E Street NW

City Washington State DC Zip Code 20463

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2014

**Transaction ID : SB21B.107217**

Amount of Each Disbursement this Period

5800.00
---------

**C. First Merit Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 295 First Merit Circle

City Akron State OH Zip Code 44307

Purpose of Disbursement  
Analysis Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

**Transaction ID : SB21B.107207**

Amount of Each Disbursement this Period

165.02
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6265.02
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**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. First Merit Bank**

Mailing Address 295 First Merit Circle

City Akron State OH Zip Code 44307

Purpose of Disbursement  
Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	4

**Transaction ID : SB21B.107212**

Amount of Each Disbursement this Period

1	1	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. First Merit Bank**

Mailing Address 295 First Merit Circle

City Akron State OH Zip Code 44307

Purpose of Disbursement  
Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

**Transaction ID : SB21B.107199**

Amount of Each Disbursement this Period

1	6	8	.	4	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. First Merit Bank**

Mailing Address 295 First Merit Circle

City Akron State OH Zip Code 44307

Purpose of Disbursement  
Return Mail Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

**Transaction ID : SB21B.107200**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

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

2	8	8	.	4	3
---	---	---	---	---	---

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

2	8	8	.	4	3
---	---	---	---	---	---

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Road

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Account Analysis Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2014

Transaction ID : SB21B.107201

Amount of Each Disbursement this Period

81.61
-------

Full Name (Last, First, Middle Initial)

**B. George Anderson & Company**

Mailing Address 8748 Brecksville Road

City Cleveland State OH Zip Code 44141

Purpose of Disbursement  
Accounting Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	09	/	2014

Transaction ID : SB21B.107184

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. George Anderson & Company**

Mailing Address 8748 Brecksville Road

City Cleveland State OH Zip Code 44141

Purpose of Disbursement  
Accounting Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	14	/	2014

Transaction ID : SB21B.107185

Amount of Each Disbursement this Period

1000.00
---------

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

2081.61
---------

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

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**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. George Anderson & Company**

Mailing Address 8748 Brecksville Road

City Cleveland State OH Zip Code 44141

Purpose of Disbursement  
Accounting Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2014

**Transaction ID : SB21B.107186**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. George Anderson & Company**

Mailing Address 8748 Brecksville Road

City Cleveland State OH Zip Code 44141

Purpose of Disbursement  
Accounting Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2014

**Transaction ID : SB21B.107187**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. George Anderson & Company**

Mailing Address 8748 Brecksville Road

City Cleveland State OH Zip Code 44141

Purpose of Disbursement  
Accounting Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2014

**Transaction ID : SB21B.107188**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Advocacy

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : SB21B.107163

Amount of Each Disbursement this Period

6	5	1	.	4	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : SB21B.107165

Amount of Each Disbursement this Period

2	6	0	.	4	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : SB21B.107166

Amount of Each Disbursement this Period

4	8	.	3	0
---	---	---	---	---

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

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

9	6	0	.	1	5
---	---	---	---	---	---

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**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Advocacy

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2014

Transaction ID : SB21B.107167

Amount of Each Disbursement this Period

14968.00

Full Name (Last, First, Middle Initial)

**B. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2014

Transaction ID : SB21B.107168

Amount of Each Disbursement this Period

12659.12

Full Name (Last, First, Middle Initial)

**C. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2014

Transaction ID : SB21B.107175

Amount of Each Disbursement this Period

294.15

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

27921.27

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

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Advocacy

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B.107169**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B.107170**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Advocacy

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B.107171**

Amount of Each Disbursement this Period

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

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

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B.107172**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B.107176**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Advocacy

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Transaction ID : **SB21B.107173**

Amount of Each Disbursement this Period

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

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

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Infocision Management Corporation**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
Voter Outreach

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.107174**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paula Y. Edwards, CPA, MST, LLP**

Mailing Address 1200 G Street NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
FEC Compliance Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.107179**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Universal Marketing Industries**

Mailing Address 322 South Michigan Ave

City Chicago State IL Zip Code 60604

Purpose of Disbursement  
Fundraising Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.107192**

Amount of Each Disbursement this Period

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

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

**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"/> 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)

**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

Full Name (Last, First, Middle Initial)

**A. Universal Marketing Industries**

Mailing Address 322 South Michigan Ave

City Chicago State IL Zip Code 60604

Purpose of Disbursement  
Fundraising Consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : SB21B.107193

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Universal Marketing Industries**

Mailing Address 322 South Michigan Ave

City Chicago State IL Zip Code 60604

Purpose of Disbursement  
Fundraising Consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2014

Transaction ID : SB21B.107194

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 2 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2014

Transaction ID : SB21B.107213

Amount of Each Disbursement this Period

1155.00

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

3155.00

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

95950.14

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fred O. Burkhalter</b>	Nature of Debt (Purpose): Rent Deposit
Mailing Address The Alpin Center 7023 Mill Road	
City State Zip Code Brecksville OH 44141	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>	<b>Transaction ID : SD9.106947</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="500.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="500.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="500.00"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 45
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Baker Hostetler</b>	Nature of Debt (Purpose): Legal Fees
Mailing Address 1050 Connecticut Ave NW Suite 1100	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 5010.00	<b>Transaction ID : SD10.106972</b>	
Amount Incurred This Period 0.00	Payment This Period 5010.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Infocision Management Corporation</b>	Nature of Debt (Purpose): Voter Advocacy/Outreach Telemarketing
Mailing Address 325 SPRINGSIDE DRIVE	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period 134127.48	<b>Transaction ID : SD10.107010</b>	
Amount Incurred This Period 0.00	Payment This Period 66720.68	Outstanding Balance at Close of This Period 67406.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Infocision Management Corporation</b>	Nature of Debt (Purpose): Voter/Advocacy Outreach Media
Mailing Address 325 SPRINGSIDE DRIVE	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period 911.85	<b>Transaction ID : SD10.107011</b>	
Amount Incurred This Period 0.00	Payment This Period 911.85	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	67406.80
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 45
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Infocision Management Corporation</b>	Nature of Debt (Purpose): Voter Advocacy/Outreach Telemarketing
Mailing Address 325 SPRINGSIDE DRIVE	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.107215	
Amount Incurred This Period 48000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 48000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Paula Y. Edwards, CPA, MST, LLP</b>	Nature of Debt (Purpose): FEC Compliance Consulting
Mailing Address 1200 G Street NW Suite 800	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 3500.00	Transaction ID : SD10.106661	
Amount Incurred This Period 0.00	Payment This Period 3500.00	Outstanding Balance at Close of This Period 0.00

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	48000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	115406.80
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	115406.80

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.107215

This transaction represents the total amount of outstanding invoices owed to the vendor at 3/31/2014 and includes an estimate of work performed but unbilled at 3/31/2014. This estimate is based on historical performance and may be greater than or less than the actual amounts billed.

Form/Schedule:

Transaction ID: