

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

NextGen Committee

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00542779

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

MM / DD / YYYY

04 / 30 / 2013

in the State of

MA

(d) 30-Day

POST-Election

Report for the:

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

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY

01 / 01 / 2013

through

MM / DD / YYYY

04 / 10 / 2013

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

Type or Print Name of Treasurer Thomas Adams

Signature of Treasurer

Thomas Adams

[Electronically Filed]

Date

MM / DD / YYYY

04 / 22 / 2013

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

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NextGen Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
04 / 10 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	750000.00	750000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	750000.00	750000.00
7. Total Disbursements (from Line 31)	537780.00	537780.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	212220.00	212220.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	98169.13	



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NextGen Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
04	/	10	/	2013

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).....

750000.00

750000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

750000.00

750000.00

(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) ▶

750000.00

750000.00

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))..... ▶

750000.00

750000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

750000.00

750000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	112200.00	112200.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	112200.00	112200.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250000.00	250000.00
24. Independent Expenditures (use Schedule E)	145580.00	145580.00
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	30000.00	30000.00
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)) ..	537780.00	537780.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	537780.00	537780.00

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)	750000.00	750000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	750000.00	750000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	112200.00	112200.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	112200.00	112200.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Update Schedule D and Schedule E

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

NextGen Committee

Full Name (Last, First, Middle Initial)

A. Thomas F. Steyer

Mailing Address One Maritime Plaza, Suite 2100

City State Zip Code
 San Francisco CA 94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Next Generation

Co-founding Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 19 / 2013

Transaction ID : INCA1

Amount of Each Receipt this Period

750000.00

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

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

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

750000.00

750000.00

<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

NextGen Committee

24A

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

04 / 08 / 2013

24A

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

M M / D D / Y Y Y Y
04 08 2013

24A

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

112200.00

112200.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB21B
Transaction ID : EXPB19

Payment made in current period and disseminated in subsequent period

Form/Schedule: SB21B
Transaction ID: EXPB26

Payment made in current period and disseminated in subsequent period

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : EXPB23

Payment made in current period and disseminated in subsequent period

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 23

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

NextGen Committee

Full Name (Last, First, Middle Initial)

A. League of Conservation Voters

Mailing Address 1920 L Street, NW, Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

League of Conservation Voters

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 09 2013

Transaction ID : EXPB30

Amount of Each Disbursement this Period

250000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

250000.00

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

250000.00

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)

PAGE 12 OF 23

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NextGen Committee

Full Name (Last, First, Middle Initial)

A. American Values Network

Mailing Address 1901 North Ft. Myer Drive, Suite 9

City

Arlington

State

VA

Zip Code

22209

Purpose of Disbursement

Civic Donation for Issue Advocacy

012

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 Y Y
04 / 08 / 2013

Transaction ID : EXPB29

Amount of Each Disbursement this Period

30000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

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

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

30000.00

30000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NextGen Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Adams , Thomas

Nature of Debt (Purpose):

Consulting for Blog Piece (estimate)

Mailing Address 176 Valdeflores Drive

City State

Zip Code

Burlingame

CA

94010

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD12

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Adams , Thomas

Nature of Debt (Purpose):

Consulting Services

Mailing Address 176 Valdeflores Drive

City State

Zip Code

Burlingame

CA

94010

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD17

Amount Incurred This Period

7500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barnes Mosher Whitehurst Lauter & Partners, Inc.

Nature of Debt (Purpose):

Consulting for Blog Piece (estimate)

Mailing Address 660 Mission St., 2nd Floor,
Ste 200

City

State

Zip Code

San Francisco

CA

94105

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD11

Amount Incurred This Period

148.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

148.00

1) SUBTOTALS This Period This Page (optional)..... ►

7898.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) 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 14 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NextGen Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barnes Mosher Whitehurst Lauter & Partners, Inc.

Nature of Debt (Purpose):
Consulting ServicesMailing Address 660 Mission St., 2nd Floor,
Ste 200

City	State	Zip Code
San Francisco	CA	94105

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD33

Amount Incurred This Period

6250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Benenson Strategy Group

Nature of Debt (Purpose):
PollingMailing Address 720 South Colorado Blvd.,
Suite 500N

City	State	Zip Code
Denver	CO	80246

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD31

Amount Incurred This Period

27150.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DGA Productions

Nature of Debt (Purpose):
Camera Rental for Press Conference

Mailing Address 50 Hunt Street

City	State	Zip Code
Watertown	MA	02472

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD34

Amount Incurred This Period

1351.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

1351.13

1) SUBTOTALS This Period This Page (optional)..... ►

34751.13

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) 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 15 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NextGen Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mark Fabiani, LLC

Nature of Debt (Purpose):
Consulting for Blog Piece

Mailing Address 939 Coast Blvd., Suite 4D

City State

Zip Code

La Jolla

CA

92037

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD13

Amount Incurred This Period

75.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mark Fabiani, LLC

Nature of Debt (Purpose):
Consulting Services

Mailing Address 939 Coast Blvd., Suite 4D

City State

Zip Code

La Jolla

CA

92037

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD46

Amount Incurred This Period

12500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Markham Group, LLC

Nature of Debt (Purpose):
Consulting Services

Mailing Address 1000 West 3rd Street

City

State

Zip Code

Little Rock

AR

72201

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD15

Amount Incurred This Period

38100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38100.00

1) SUBTOTALS This Period This Page (optional)..... ►

50675.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) 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 16 OF 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NextGen Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):
Consulting for Blog Piece

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State

Arlington

Zip Code

VA

22209

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD7

Amount Incurred This Period

4400.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):
Consulting for Video Mobile Billboards

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City State

Arlington

Zip Code

VA

22209

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD8

Amount Incurred This Period

335.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

335.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tigercomm

Nature of Debt (Purpose):
Consulting for Blog Piece

Mailing Address 1901 N. Fort Myer Drive, Suite 850

City

Arlington

State

VA

Zip Code

22209

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD9

Amount Incurred This Period

110.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

110.00

1) SUBTOTALS This Period This Page (optional)..... ►

4845.00

2) TOTALS This Period (last page this line number only)..... ►

98169.13

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

98169.13

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NextGen Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00542779 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Adams , Thomas [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 03 / 25 / 2013 </div>	
Mailing Address 176 Valdeflores Drive		Amount <div style="border: 1px solid black; padding: 2px;"> 250.00 </div>	
City Burlingame	State CA		
Purpose of Expenditure Consulting for Blog Piece (estimate)		Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 196498.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Adams , Thomas [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 02 / 2013 </div>	
Mailing Address 176 Valdeflores Drive		Amount <div style="border: 1px solid black; padding: 2px;"> 7500.00 </div>	
City Burlingame	State CA		
Purpose of Expenditure Consulting Services		Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 196498.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Adams

Signature

[Electronically Filed]

Date

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

Full Name (Last, First, Middle Initial) of Payee Barnes Mosher Whitehurst Lauter & Partners, Inc. [MEMO ITEM]		Date <div> <div>MM / DD / YY</div> <div>04 / 10 / 2013</div> </div>	
Mailing Address 660 Mission St., 2nd Floor, Ste 200		Amount <div> <div></div> <div>6250.00</div> </div>	
City San Francisco	State CA	Zip Code 94105	Transaction ID : PDTE11
Purpose of Expenditure Consulting Services	Category/ Type <div> <div></div> <div>24A</div> </div>	Office Sought: <div> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President </div>	State: <u>MA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>	
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>196498.00</div> </div>	Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____ </div>	2013

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NextGen Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC [MEMO ITEM]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 939 Coast Blvd., Suite 4D		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75.00</div>	
City La Jolla	State CA		
Purpose of Expenditure Consulting for Blog Piece (estimate)		Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">196498.00</div>			

Transaction ID : PDTE6

Full Name (Last, First, Middle Initial) of Payee Mark Fabiani, LLC [MEMO ITEM]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 939 Coast Blvd., Suite 4D		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12500.00</div>	
City La Jolla	State CA		
Purpose of Expenditure Consulting Services		Category/ Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">196498.00</div>			

Transaction ID : PDTE12

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Adams

Signature

[Electronically Filed]

Date

04

22

2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NextGen Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Markham Group, LLC [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 03 / 29 / 2013 </div>	
Mailing Address 1000 West 3rd Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 38100.00 </div>	
City Little Rock	State AR		
Purpose of Expenditure Consulting Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 196498.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)	

Transaction ID : PDTE7

Full Name (Last, First, Middle Initial) of Payee Portal A Limited		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 04 / 01 / 2013 </div>	
Mailing Address 520 Waller Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40000.00 </div>	
City San Francisco	State CA		
Purpose of Expenditure YouTube Video	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 196498.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify)	

Transaction ID : EDTEALC1

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Adams

[Electronically Filed]

Signature

Date

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NextGen Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 12103 Viewcrest Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 27940.00 </div>
City State Zip Code Studio City CA 91604		
Purpose of Expenditure Video Mobile Billboards	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 196498.00 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Transaction ID : EDTEALC2

Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 12103 Viewcrest Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 54700.00 </div>
City State Zip Code Studio City CA 91604		
Purpose of Expenditure Aerial Banners	Category/Type 24A	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 196498.00 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Transaction ID : EDTEALC3

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 82640.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Adams

Signature

[Electronically Filed]

Date

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 23
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NextGen Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00542779 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 01 / 2013 </div>
Mailing Address 12103 Viewcrest Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22940.00 </div>
City Studio City	State CA	
Purpose of Expenditure Video Mobile Billboards	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24A </div>	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 196498.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Transaction ID : EDTEALC4

Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2013 </div>
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4400.00 </div>
City Arlington	State VA	
Purpose of Expenditure Consulting for Blog Piece (estimate)	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24A </div>	Office Sought: <input type="checkbox"/> House State: <u>MA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 196498.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ _____

Transaction ID : PDTE1

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 22940.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Adams

[Electronically Filed]

Date

Signature

04 / 22 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 23
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NextGen Committee	FEC IDENTIFICATION NUMBER ▼ C C00542779
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 03 / 22 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 335.00
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure Consulting for Video Mobile Billboards	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 196498.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tigercomm [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 03 / 25 / 2013
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount 110.00
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure Consulting for Blog Piece (estimate)	Category/ Type 24A	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 196498.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	145580.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Adams

Signature

[Electronically Filed]

Date

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