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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Only	/
1.	NAME OF COMMITTEE (in full)	YPE OR PE	RINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
Α	Illiance for the Next Ge	eneration	l						1
_									
AD	DRESS (number and street)	P.O. Box 1	4721						
r	Check if different								
ŀ	than previously reported. (ACC)	Baton Rou	ige				LA	70898	
2.	FEC IDENTIFICATION NUI	MBER ▼		CITY ▲		S	STATE 🛦	ZIP (	CODE A
	C C00546986		;	3. IS THIS REPORT		NEW OR	AN (A)	MENDED	
4.	TYPE OF REPORT (Choose One)	(b) Month	ť 📙	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due (	yn:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	Quarterly Report (Q1	) (c)	12-Day	П	Primary (12P	)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report (Q2	) l	PRE-Election				1		,
	October 15		Report for th	ie:	Convention (	120)	Special (	128)	
	Quarterly Report (Q3  January 31  Year-End Report (YE		E	lection on	M = M /	D   D /	Y	in th	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 3	B0-Day POST-Electi		General (300	G)	Runoff (	30R)	Special (30S)
	Termination Report		Report for th	ie:	M = M /	D D /	V	in th	
	(TER)		E	lection on	M - M /			in th State	
5.	Covering Period 02	/ 01		)14	through	M M M 02	28	2014	
l c	ertify that I have examined this	Report and	d to the be	st of my kno	wledge and b	pelief it is true	e, correct an	d complete.	
Type or Print Name of Treasurer Hobbs Scott									
Sig	nature of Treasurer Hobbs	Scott			[Electronically	Filed] D	ate 03	09	2014
NΩ	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 Office	1.10, 0. 111001		The state of the s	,001 allo polic	0.99 111		1	
	Use							FEC FO Rev. 12	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Alliance for the Next Generation		
Report Covering the Period: From:	02	To: 02 28 / 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		477.75
(b) Cash on Hand at  Beginning of Reporting Period	477.75	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	477.75	477.75
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	477.75	477.75
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)	2000.00	
This committee has qualified as a multic	candidate 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)

Write or Type Committee Name

Alliance	for the	Nevt	Gener	ation
Alliance		INCYL	Genei	auvu

I. Receipts  1. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN B
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Calendar Year-to-Date
Than Political Committees (i) Itemized (use Schedule A)	
(ii) Unitemized (use Schedule A)	
(ii) Unitemized	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	
Lines 11(a)(i) and (ii)	0.00
(b) Political Party Committees	0.00
(c) Other Political Committees (such as PACs)	0.00
(c) Other Political Committees (such as PACs)	0.00
(such as PACs)	3 3
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	
Totals to Line 33, page 5)	
2. Transfers From Affiliated/Other Party Committees	0.00
Party Committees	7
3. All Loans Received	0.00
All Loan Repayments Received	
S. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00
S. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	
5. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00
(Carry Totals to Line 37, page 5)	
5. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00
to Federal Candidates and Other Political Committees	
Political Committees	
(Dividends, Interest, etc.)	0.00
(Dividends, Interest, etc.)	
(a) Non-Federal Account (from Schedule H3)	0.00
(from Schedule H3)       0.00         (b) Levin Funds (from Schedule H5)       0.00	
(b) Levin Funds (from Schedule H5)	
(b) Levill Fullds (from Schedule Fis)	0.00
(b) Levill Funds (notification 115)	
	0.00
(c) Total Transfers (add 18(a) and 18(b))	
	0.00
9. Total Receipts (add Lines 11(d),	
12, 13, 14, 15, 16, 17, and 18(c))▶ 0.00  1. Total Federal Receipts	0.00
(subtract Line 18(c) from Line 19)▶ 0.00	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tillo I ollow	Calcinal Tear-to-Date
	(i) Federal Share	0.00	0.00
	(i) Todorar Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
2.	Transfers to Affiliated/Other Party		
	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
i.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
٠.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man Folitical Committees	0.00	
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
).	Other Disbursements	0.00	0.00
	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) III II	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.00	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

# SCHEDULE C (FEC Form 3X) LOANS

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

PAGE	6	OF	7
FOR	LINE	13 OF	FORM 3X

		Detailed Summary F	rage TOTT LINE 13 OF TOTAL 3X
AME OF COMMITTEE (In Full)		1	ransaction ID : SC/10.4132
Alliance for the Next Generation			
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Election:
The Political Firm	,		Primary
			General
Mailing Address 5555 Hilton Ave.			Other (specify) ▼
Ste. 203			·
City Baton Rouge	State LA ZIP Co	ode 70808	
Original Amount of Loan	Cumulative Payment To	Date	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS			
Date Incurred	Date Due		Rate Secured:
07 01 2013	M - M / D - D / Y	7/1/2014	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amazousk	
City State	ziP Code	Amount Guaranteed	
City	211 0000	Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		·	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		·	
		Amount	
City State	zIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	al)		1000.00
ODITION THIS FERDU THIS FAGE (OPHOTI	(ar)		
TOTALS This Period (last page in this line	only)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3,	Schedule D. for this line If	no Schedule D. carry	forward to appropriate line of Summers
carry outstanding balance only to LINE 3,	Schedule D, 101 tills lifle. II	no schedule b, carry	iorward to appropriate line or Summary.

## SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 7 OF 7
FOR LINE 13 OF FORM 3X

	Detailed Suffillary Fage
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4144
Alliance for the Next Generation	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
The Political Firm	Primary  General
Mailing Address 5555 Hilton Ave. Ste. 203	Other (specify) ▼
	ZIP Code 70808
Original Amount of Loan Cumulative Paym	·
1000.00	0.00 1000.00
TERMS Date Incurred Date	e Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D	/
08 30 2013	8/30/2015 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIF Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Only State 21 State	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
3.8.5	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	2000.00
Carry outstanding balance only to LINE 3, Schedule D, for this li	ine. If no Schedule D, carry forward to appropriate line of Summary.