

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NextGen Committee			FEC IDENTIFICATION NUMBER ▼ C C00542779		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" 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 Campaign Industries, LLC			Date M M / D D / Y Y Y Y Y Y 06 / 04 / 2013		
Mailing Address 1501 Dempster Street			Amount 80867.50		
City Evanston		State IL	Zip Code 60201		
Purpose of Expenditure Field program for GOTV		Category/ Type 24E		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: Edward Markey				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 330225.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ 2013 Runoff		
Full Name (Last, First, Middle Initial) of Payee Printing Unlimited			Date M M / D D / Y Y Y Y Y Y 06 / 04 / 2013		
Mailing Address 63 Plymouth Street			Amount 5907.50		
City Holbrook		State MA	Zip Code 02343		
Purpose of Expenditure GOTV flyers		Category/ Type 24E		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: Edward Markey				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 330225.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ 2013 Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86775.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Thomas Adams</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y 06 / 05 / 2013</p>					

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Full Name (Last, First, Middle Initial) of Payee Tigercomm			Date M M / D D / Y Y Y Y Y Y 06 / 04 / 2013		
Mailing Address 1901 N. Fort Myer Drive, Suite 850			Amount 2200.00		
City Arlington		State VA	Zip Code 22209		
Purpose of Expenditure Consulting & design for GOTV flyer (estimate)		Category/ Type 24E	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: Edward Markey			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 330225.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ 2013 Runoff		
Full Name (Last, First, Middle Initial) of Payee			Date M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2200.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			88975.00		
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.					
Signature Thomas Adams		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 06 / 05 / 2013	