

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 M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Adams , Thomas			Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 02 / 2013		
Mailing Address 351 California Street, Suite 1200			Amount 7500.00		
City State Zip Code San Francisco CA 94104		Transaction ID : PDT.E.8			
Purpose of Expenditure Consulting Services		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Portal A Limited			Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 01 / 2013		
Mailing Address 520 Waller Street			Amount 40000.00		
City State Zip Code San Francisco CA 94117		Transaction ID : EDT.E.1			
Purpose of Expenditure Online Advertisements		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			47500.00		
(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 Thomas F. Steyer		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 03 / 2013	

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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	

Full Name (Last, First, Middle Initial) of Payee Sadler Strategic Media, Inc.		Date MM / DD / YYYY 04 / 01 / 2013	
Mailing Address 12103 Viewcrest Road		Amount 22940.00	
City Studio City	State CA	Zip Code 91604	Transaction ID : EDT.E.4
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
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.....▶	22940.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	70440.00

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 F. Steyer

[Electronically Filed]

Date

MM / DD / YYYY
04 / 03 / 2013

Signature