

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NextGen Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Adams , Thomas</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 25 / 2013		
Mailing Address 351 California Street, Suite 1200			Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>		
City State Zip Code San Francisco CA 94104		Transaction ID : PDT.E.5			
Purpose of Expenditure Consulting for Blog Piece (estimate)		Category/ Type <span style="border: 1px solid black; padding: 2px;">24A</span>	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 <span style="border: 1px solid black; padding: 2px;">87958.00</span>			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 <b>Lehane , Chris</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 25 / 2013		
Mailing Address 351 California Street, Suite 1200			Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>		
City State Zip Code San Francisco CA 94104		Transaction ID : PDT.E.6			
Purpose of Expenditure Consulting for Blog Piece (estimate)		Category/ Type <span style="border: 1px solid black; padding: 2px;">24A</span>	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 <span style="border: 1px solid black; padding: 2px;">87958.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">325.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
<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 F. Steyer</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 26 / 2013</p>					

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(SCHEDULE E)

PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NextGen Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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	

  

Full Name (Last, First, Middle Initial) of Payee <b>Mooney, Josie</b>		Date M M M / D D D / Y Y Y Y Y Y <b>03 / 25 / 2013</b>	
Mailing Address 1418 Henry Street		Amount <b>148.00</b>	
City Berkeley	State CA	Zip Code 94709	
Purpose of Expenditure Consulting for Blog Piece (estimate)		Category/ Type <b>24A</b>	Transaction ID : PDT.E.4
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____	
Calendar Year-To-Date Per Election for Office Sought <b>87958.00</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		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 <b>Tigercomm</b>		Date M M M / D D D / Y Y Y Y Y Y <b>03 / 25 / 2013</b>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850		Amount <b>110.00</b>	
City Arlington	State VA	Zip Code 22209	
Purpose of Expenditure Consulting for Blog Piece (estimate)		Category/ Type <b>24A</b>	Transaction ID : PDT.E.3
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F. Lynch		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____	
Calendar Year-To-Date Per Election for Office Sought <b>87958.00</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) _____	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>258.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>583.00</b>

  

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]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y **03 / 26 / 2013**