12030713805

FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED)

2017 JAN 25 AM 9: 00

Rev. 12/2004

1.	NAME COMM	OF ITTEE (in full)	TYPE	OR I	PRINT ▼		ample: If ty er the lines.			L2FI	E4M5	FΈ	.C 1	1Ali	L C!	ENTER	
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ΑQ	PRESS	(number and street)	9.8	<u> </u>	5N	. <u> </u> w . 5	8 _{17 [H]}	STRE	<u>[[</u>	<u></u>	#5	1,1	<u>_L_</u>	_L_	<u>L.l.</u>		
Check if different than previously reported. (ACC)		D_{i}	ا ا ز 2 ا	ALL			<u> </u>			3,3,1,7,8			<u> - </u>				
2.	FEC II	DENTIFICATION N	UMBE	R▼		CITY 🛦			S	TATE .	A			ZIP C	ODE	A	
	Co	05007	85			3. IS THIS REPORT	r X	NEW (N) O	R	•	AN (A)	IEND	ED				
4.	TYPE (Choos	OF REPORT e One)	(b)	Mor Rep	ort	Feb 20 (M2	2)	May 20 (N	<i>I</i> 15)		Aug	20 (N	/8)		N (N Ye	lov 20 (M11) lon-Election ear Only)	
	(a) Quarterly Reparts:			Due On:			3)	Jun 20 (M6) Se			Sep	20 (N	/ 19)		Dec 20 (M12 (Non-Election Year Only)		
		April 15				Apr 20 (M4	.)	Jul 20 (M	7)		Oct	20 (M	110)		J.	an 31 (YE)	
		July 15	Quarterly Report (Q1) July 15 Quarterly Report (Q2)		(c)	12-Day	otion	Primary (1	2P)		G	eneral	(12G))		R	unoff (12R)
						Report f		Convention	n (12C)		Sį	oecial (128)				
	X	Quarterly Report (January 31 Year-End Report (Election on	19 M ·	לייטי /	/ Y	Y	Y • Y			in the	-		
		July 31 Mid-Year Report (Non-election Year Only) (MY)	on	(d)	30-Day	-	General (3	90G)		R	unoff (S	30R)			S	pecial (30S)	
		Termination Report (TER)	t		Report 1	or the: Election on	M M	/ O D	/ Y	Υ	Y Y			in the	_		
5.	Coveri	ng Period Ö	8 ′	b	Ϊ ′ž	òìì	through) (گ	' Š	,	š	ŏ	Y	<u>'</u>)		
I ce	ertify tha	t I have examined to	his Rep	oort a	ind to the	e best of my kn	owledge an	d belief it is	true	, corr	ect and	d con	nplet	е.			
Тур	e or Pri	nt Name of Treasure	er	Joe	c f	Frewa				· · · · · ·							
Sig	nature o	of Treasurer	12-	-	A	Juz	· · · · · · · · · · · · · · · · · · ·		Da	te	0 1	' .	Ö	"	2	δίž	
NO	TE: Subi	mission of false, error	neous, o	or inc	omplete i	nformation may	subject the p	erson signir	ng this	Repo	ort to ti	ne pe	nattie	s of a	2 U.S	S.C. §437g.	
		Office Use										F		FO		3X	

Page 2

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

THE NEW GENERATION

Report Covering the Period:

2030713886

From:

0 8 0 1 2 0 1 1

To: 1 2 3 1 2 0 1 1

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, Z O J J		, , 0.00
	(b) Cash on Hand at Beginning of Reporting Period	, , 0.00	
	(c) Total Receipts (from Line 19)	, 2,43 4.65	, 2,434.65
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 2,434.65	, 2,434.65
7.	Total Disbursements (from Line 31)	, 1,217.02	, 1,717.02
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 1,217.63	, 1,217.63
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C aed/or Schedule D)	, , 0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, 0.00	

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

THE NEW SENERATIO

	<u>.</u>		D	
Heport	Covering	me	Penoa:	

12030713807

	I. Receipts	I. Receipts COLUMN A Total This Period			
11.	Contributions (other than loans) From:				
	(a) Individuals/Persons Other				
	Than Political Committees	220115			
	(i) Itemized (use Schedule A)	, 2,384.65	, 2,384.65		
	(ii) Unitemized	, , 5000	, , , , , , , , , , , , , , , , , , , ,		
	(iii) TOTAL (add		2 1. 2 1. 1 -		
	Lines 11(a)(i) and (ii)▶	, 2,43465	, 2,434.65		
	(b) Political Party Committees	, , 000	, , 0.00		
	(c) Other Political Committees				
	(such as PACs)	, 000	, , , , , , , , , , , , , , , , , , , ,		
	(d) Total Contributions (add Lines	•	•		
	11(a)(iii), (b), and (c)) (Carry	3 41 3 44 7			
	Totals to Line 33, page 5)	, 2,43465	2,43465		
12.	Transfers From Affiliated/Other				
	Party Committees	, , , , , , , , , , , , , , , , , , , ,	, 0, 0.00		
13.	All Loans Received	, , 000	, 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	, , 000		
16.	Refunds of Contributions Made				
	to Federal Candidates and Other				
	Political Committees	, , , 000	0.00		
17.	Other Federal Receipts				
	(Dividends, Interest, etc.)	, , , 000	0.00		
18.	Transfers from Non-Federal and Levin Funds	, , , , ,			
	(a) Non-Federal Account	0.00			
	(from Schedule H3)	, <i>0.00</i>	, , 0.00		
	(b) Levin Funds (from Schedule H5)	, , 0.00	, 0.00		
	(c) Total Transfers (add 18(a) and 18(b))	,, , , , , , , , , , , , , , , , , , ,	, 0.00		
19	Total Receipts (add Lines 11(d),				
	12, 13, 14, 15, 16, 17, and 18(c))▶	2,43465	, 2,43 4.65 , 2,43 4.65		
20.	Total Federal Receipts	and the second second	Arte Agent Certification		
	(subtract Line 18(c) from Line 19)▶	743465	743465		

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)	000	0 - 1
	(i) Federal Share	, , O.O o	, , 0.00
	(ii) Non-Federal Share	, , 0.00	, , 0.00
	(b) Other Federal Operating	10/102	106705
	Expenditures	, 1,067.02	, 1,067.02
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	106702	, 1,067.02
22.	Transfers to Affiliated/Other Party	, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Committees	, 0.00	, , , , , , , , , , , , , , , , , , ,
23.	Contributions to Federal Candidates/Committees		, , ,
	and Other Political Committees	, ,150.00	, ,150.00
24.	Independent Expenditures	, ,	,
	(use Schedule E)	0.00	, , 0.00
25.	Coordinated Party Expenditures (2 U.S.C. \$441a(d))		, ,
	(2 U.S.C. §441a(d)) (use Schedule F)	, 0.00	, , 0.00
26.	Loan Repayments Made	, , 0.00	, , <i>0.00</i>
		A	· · · · · · · · · · · · · · · · · · ·
27 .	Loans MadeRefunds of Contributions To:	, , 0.00	, , 0.00
20.	(a) Individuals/Persons Other		
	Than Political Committees	, , O.OO	, , , O.O O
			•
	(b) Political Party Committees	, , 0.00	, , <i>6.00</i>
	(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
	(, ,	, , 0.00
29.	Other Disbursements	, 0.00	0.00
		· , · , · , ·	, , , , , , , , , , , , , , , , , , , ,
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	, , <i>0.00</i>	, , 0.00
	•		
	(ii) "Levin" Share	, , 0.00	, , 0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	, , , <i>0</i> .00	, , 0.00
	(c) Total Federal Election Activity (add	• 40	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, 000	, , 0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	
	· · · · · · · · · · · · · · · · · · ·	, , ,	, , 0.00
32.	Total Federal Disbursements	·	
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	000	, , 0.00
		, ,	, , , , , , , , , , , , , , , , , , , ,

DETAILED SUMMARY PAGE

of Disbursements

111.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Dete
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	, 2,434.65	, 2,434.65
34.	Total Contribution Refunds (from Line 28(d))	, , 0.00	, , 0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 2,4 3 4.6 5	, 2,43 4.65
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	, 1,067.02	, 1,067.02
37.	Offsets to Operating Expenditures (from Line 15, page 3)	, , 0.00	, , , 0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	, 1,067.02	, 1,067.02

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 11a 13		PAGE	12)F]17
not be sold or used by any ne	rson for the n	urnose of	soliciting	contribu	ntions	<u>. </u>

TEMELD RECEIT 10	•	Detailed Summary Page	1 11	a]1	11t	, [11c		12		
		<u> </u>	13				14	\bot		15		16		17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements make and a	ay not be sold or used by any paddress of any politinal committee	erson for to to selicit	oon	ourp trib	pc nui	ose tio	of s	con	liciting n such	CO	ntribu)mmi	ution Itee.	s _.
NAME OF COMMITTEE (IN Full) THE NEW GENER	ZATION					•								
Full Name (Last, First, Middle Initial)	17/102						-		_					
FREWA, JOEL			Date	of	Re	- C(eic)t						
Mailing Address			м .	7										
9805 N.W. SEND ST #			_	2			3	; <i> </i>		2	0	, /)	
DO RAC	State FL	Zip Code 33/78	Amo	unt	of	E	ac	h Re		eipt th	is F	Perior		
FEC ID number of contributing federal political committee.	C	•				,			İ	1,8	8	4	. 6	5
Name of Employer	Occupation)												
INTERNATIONAL CLOSET CENTER	MARK	ETING DIRECTOR	j											
Receipt For:		Year-to-Date ▼												
Primary ✓ General Other (specify) ▼		1,884.65												•
Callot (appeary) \(\Psi \)		, 1,007.09												
Full Name (Last, First, Middle Initial)		<u> </u>	Det		D-	_	_:-		_					
Mailing Address			Date				•							
4119 E. SUNDANCE AVE.					. ′		2	2 5		ر ک	Č	, į	Ĭ	
City														
GILBERT	<u> </u>	85297	Amount of Each Receipt this Period								d			
FEC ID number of contributing federal political committee.	, ,50000						0							
Name of Employer														
WESTERN REPRESENTATION PAC	CHIEF	STRAILGIST												
Receipt For: Primary General	Aggregate	Year-to-Date ▼												
Primary		, ,500.00												
Full Name (Last, First, Middle Initial)			Date	of	Re	~	oir	~ ~~						
· Mailing Address			M				-			/ Y	Y	· · Y	. Y	
City	State	Zip Code			oint th									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this F			CHO								
Name of Employer	-													
Receipt For:	\dashv													
Primary General	55.0500	Year-to-Date ▼												
Other (specify) -		y . y . y . y .												
SUBTOTAL of Receipts This Page (optional)	1					_								
			-			,	,			,			• .	
TOTAL This Period (last page this line numbe	r only))			,	,			7			•	

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SCHEDULE B (FEC Form 3X)

TENTED DISPURSEMENTS	Use separate schedule(s)	FOR LINE		PAGE C OF				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Check only		23 24 25 7				
	Detailed Summary Mage	27	28a	28b 28c 29				
Any information copied from such Reports and State	ements may not be sold or use	d by any pers	on for the pu	urpose of soliciting contributions				
or for commercial purposes, other than using the na	me and address of any politina	i committee to	SQUEIT CONT	nouvons from such committee.				
NAME OF COMMITTEE (In Full)								
THE New Geve RATIO Full Name (Last, First, Middle Initial)	N							
			Data of 5	Night mamont				
A. BILL RANDALL				Disbursement				
Mailing Address	i i i	' 04' ¿òìì						
P.O. BOX 97905								
City Parala la	State Zip Code NC 27629							
Purpose of Disbursement				•				
CONTRIBUTION Candidate Name		011	Amount o	of Each Disbursement this Period				
_		Category/ Type	}	, ,15000				
BILL RANDALL Office Sought: House Disburse	ement For:	1 ypo	•	<i>y y</i>				
House 13 TH Senate	Primary General							
PISTRICT President State: N C District: 13	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B.			Date of 0	Disbursement				
			м м	/ D / Y Y Y				
Mailing Address	<u>.</u>							
City	State Zip Code							
Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·							
i arpose or Disoursement	· ·		Amount o	of Each Disbursement this Perio				
Candidate Name		Category/		•				
Office Sought:	most For:	Туре	.•	1				
Office Sought: House Disburse Senate	ement For: Primary General							
President	Other (specify) ▼			•				
State: District:	-	 						
Full Name (Last, First, Middle Initial) C.			Date of F	Disbursement				
~ .			1	/ b b / y y y y				
Mailing Address			···					
City	State Zip Code		 					
-								
Purpose of Disbursement]	of Each Disbursement this Perio				
Candidate Name	Candidate Name							
		Category/ Type		, ,				
· 1	ement For:			· ,				
Senate President	Primary General Other (specify) ▼							
State: District:] ==:0. (opoc)/ \							
SUBTOTAL of Disbursements This Page (optional).		······		, ,150,00				
TOTAL This Period (last page this line number only	Λ			15000				
I TAILE THIS LEHON (INST have sails into timiline) offis	77	••••••	•	, , , , , , , , , , , , , , , , , , , ,				

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s)	PAGE OF
for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)			
	Fresat	idn	
LOAN SOURCE Full Name (Last, First, Mic	Idle Initial)		Election:
			Primary General
Mailing Address			Other (specify)
			Carte (opening)
City	State ZIP	Code	
			nce Outstanding at Close of This Period
, ,	. 3	**	7 7 7 7 7 7 7 7 7 7
TERMS Date Incurred	Date D	Due Interest Rate	Secured:
M M / D D / Y Y Y	M - M / D - D /		
			% (apr) Yes No
List All Endorsers or Guarantors (if any) to	Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Addition Address		Occupation	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
-			
	718 6 1	Amount	
City State	ZIP Code	Guaranteed Outstanding:	3 1 - 1 - 1 - 3 1 - 1 - 1 - 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
, , ,			
Mailing Address		Occupation	
		A	
City State	ZIP Code	Amount Guaranteed	•
5.1.,		Outstanding:	1
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	· · · · · · · · · · · · · · · · · · ·
City State	ZIP Code	Guaranteed	, , .
		Outstanding:	, , .
	<u> </u>		
UDTATALC This Desired This Descriptional		_	
UBTOTALS This Period This Page (optional).		<u> </u>	. 1
OTALS This Period (last page in this line only	y)		, , , , , , , , , , , , , , , , , , ,
	··		
earry outstanding balance only to LINE 3, Sch	redule D, for this line	. If no Schedule D, carry forv	vard to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for				
Information	found on			
Page	of Schedule			

Federal	Election Commission, Washington, D.C. 20463			1 1	age	_ 01 8		Jule C
NAME	OF COMMITTEE (In Full)		F	EC IDE	NTIFICA	ATION	NU	MBER
	1.	<i>f</i> .	1.		50	0	7 P	. 5
	The NEW GEN	nexation	1				7 0	•
LENDI	NG INSTITUTION (LENDER)	Amount of Loan			Interest	Rate (APR)
Full Na	ame							
		, ,	•			•		%
Mailing	Address		M	M / I	0 /	Υ	у у	γ
		Date Incurred or Established						
City	State Zip Code	Date Due		M / 1	D /	Υ .	Y Y	Y
A.	Has loan been restructured? No Yes	If yes, date originally incurre		M / I) 0 /	Y	Y Y	Y
B.	If line of credit,	Total						
ł	Amount of this Draw:	Outstanding Balance:		,	,			
<u> </u>								
10.	Are other parties secondarily liable for the debt incur	rea? nust be reported on Schedule C.)	•					
D.	Are any of the following pledged as collateral for the		What is	the valu	e of this	collat	eral?	
1	property, goods, negotiable instruments, certificates of	of deposit, chattel papers,				-		
İ	stocks, accounts receivable, cash on deposit, or other. No Yes If yes, specify:	1		7	,		•	
	No Yes If yes, specify:		Does the	lender	have a	perfec	ted s	ecurity
			interest i		_ `		Yes	
E.	Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify:			the estir	nated va	lue?		
	collateral for the loan? No Yes If yes,	specny						
				,	,		•	
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).							
1	Date account established:	Address:	-					
-	M M / D D / Y Y Y	City, State, Zip:						
-	If neither of the types of collateral described above w		amount o	lodgod (loop pot	ocual		vocad
	the loan amount, state the basis upon which this loa	n was made and the basis on wi	hich it assi	ures rep	ayment.	equai	OI E	xceeu
G.	COMMITTEE TREASURER		DATE	<u> </u>	 -			
	Typed Name		м	M / I	, ס (Y	Y Y	Y
	Signature							
H.	Attach a signed copy of the loan agreement.							
li.	TO BE SIGNED BY THE LENDING INSTITUTION:							
1	 To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. 						loan	
1	II. The loan was made on terms and conditions (i		avorable at	the tim	e than ti	nose i	mpos	sed for
	similar extensions of credit to other borrowers of the requirement that complied with the requirements set forth at 11	t a loan must be made on a basi	s which as	ssures r	epaymer	nt, and	l has	
AUTHO	DRIZED REPRESENTATIVE	5 190.0= Wild 100.172 III IIIQN	DATE					
	l Name			M / 1) ם <i>(</i>	Y	Y Y	Y
Signa	ture	Title						

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF

FOR LINE NUMBER:
(check only one) 9

AME OF	COMMITTEE (In Full)			1.				
1	The New	56		2tion	7	·		
A. Full	Name (Last, First, Middle I	nitial) of Debtor o	r Creditor		•	Nature of Debt (Purpose):	
Mailing	Address	,						
City	State		Zip Code					
Outs	tanding Balance Beginning	This Period				<u> </u>		
	, ,							
	Amount Incurred This Pe	riod	Paymen	t This Period		Outstanding Ba	alance at Clos	se of This Period
	, ,	•	٠,	,		,	,	•
B. Full	Name (Last, First, Middle In	itial) of Debtor or	Creditor			Nature of Debt (Purpose):	
Ì								
Mailing	Address				·· ····	i		
City	State		Zip Code					
	"- O-t Decimies"	The Bestal				L	·	
Outs	tanding Balance Beginning	This Period						
	, , , Amount Incurred This Pe	riod	Pavmen	nt This Period		Outstanding Ba	alance at Clos	se of This Period
l			-					
	, , , , , , , , , , , , , , , , , , ,	** B ** B ***	1	,	•	J	J	•
C. Full	Name (Last, First, Middle	nitial) of Debtor o	r Creditor			Nature of Debt (Purpose):	
Mailing	Address							
			Ototo -	Zip Code				
City			State 2	cip Code				
Outs	tanding Balance Beginning	This Period						
	, · ,	•						
	Amount Incurred This Pe	riod	Paymen	nt This Period		Outstanding Ba	alance at Clos	se of This Period
	, ,	•	5 .	•	•	,	,	•
						 		
) SUBTO	OTALS This Period This Pa	ge (optional)				,	,	•
) TOTAI	S This Period (last page th	is line number on	ly)		>	. 5	.9	•••
) TOTAI	OUTSTANDING LOANS F	rom Schedule C (last page only).		>	,	,	•
) ADD 2	2) and 3) and carry forward	to appropriate line	e of Summary P	age (last pag	je only) ▶	. ,	· 5 ·	••

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES			-	PAGE OF FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER >
THE NEW GREATER	ation		Co	0500785
Check if 24-hour notice 48-hour notice				
Full Name (Last, First, Middle faitial) of Payee		C	ate	
		ł		D D / Y Y Y
Mailing Address				
		Α .	mount	
City State	Zip Code			
				,
Purpose of Expenditure	Category/	Office S	Sought:	House State:
	Туре			Senate District:
Namé of Federal Candidate Supported or Opposed by Expend	diture:	1		President
		Check	One:	Support Oppose
Calendar Year-To-Date Per Election		Disburs	ement For:	Primary General
5 Office On 1-b4	. 9	lr	Other (spe	cify)
Full Name (Last, First, Middle Initial) of Payee			ate	
Tall Name (1220) First, Middle Middle Of Fayor				
Mailing Address			M ** M * /	y y y y y
Mailing Address		١,		
City State	Zip Code		mount	
City	Zip Oode	'	, , ,	,
Purpose of Expenditure		Office	Sought:	House State:
i dipose di Experiditare	Category/ Type	Oilice .	300gm.	
Name of Federal Candidate Supported or Opposed by Expend		-		Senate District:
Name of Federal Candidate Supported of Opposed by Expens	undre.	Check	One:	Support Oppose
		-		
Calendar Year-To-Date Per Election		Disburs		Primary General
for Office Sought	, , *	L	Other (spe	cify) ▶
		;		
(a) SUBTOTAL of Itemized Independent Expenditures		▶ .		en en en en en en en en en en en en en e
(b) SUBTOTAL of Unitemized Independent Expenditures		·· •		
			,	7
(c) TOTAL Independent Expenditures		▶		•
			,	y
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.	tures reported herein were prized committee or agent of	not made of either, o	in cooperation (if the repo	on, consultation, or concert orting entity is not a political
	Date	M · M	ט ס'/	, / Y Y Y Y
Signature				
والأستنان والمنازي والمرجية ويسربا فيناه والأراق ويروان والمراجين ويسوي ويروي والمراجي				

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

U.S.C. §441a(d))	he used orbi	by Political Committees in the	Conoral Election	FOR LINE 25	OF FORM 3X
ME OF COMMITTEE (In Full)	be used only	by Political Committees in the C	derieral ciection)	. Or LINE 25	OT TOTAL OX
The Deu) G	enerotion			
s your committee been designated to ma ordinated expenditures by a political party		Full Name of Subordinate Commi	ittee		
ES, name the designating committee:		Mailing Address			
		City	Sta	te ZIP C	ode
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Expe	enditure	
Mailing Address			- Data		Category/ Type
City	State	Zip Code	Date M M /	9 / 9 C	, , ,
Name of Federal Candidate Supported	Office Sough	ht: House State: District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ▶	,	, .	,	,	•
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Expo	enditure	Category/
Mailing Address			Date		Туре
City	State	Zip Code	M M /	Y , a a	Y Y
Name of Federal Candidate Supported	Office Sough	ht: House State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶	,	, .	,	,	•
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	enditure	
Mailing Address					Category/ Type
City	State	Zip Code	Date	י א י ם כ	, y y
Name of Federal Candidate Supported	Office Soug	ht: House State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶	7	,	,	. у	•
UBTOTAL of Expenditures This Page (op	otional)		,	,	•
OTAL This Period (last page this line nur	mber only)			· _	_

PAGE

OF

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

E OF COMMITTEE (In Full)						
THE NEW GENERATION						
USE ONLY ONE SECTION, A or B						
. State and Local Party Committees						
Fixed Percentage (select one)						
Presidential-Gnly Eleption Year (28% Federal)						
Presidential and Senate Election Year (36% Federal)						
Senate-Only Election Year (21% Federal)						
Non-Presidential and Non-Senate Election Year (15% Federal)						
·						
3. Separate Segregated Funds and Nonconnected Committees						
8. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal						

CHEDULE H2 (FEC Form 3X)		PAGE OF
LLOCATION RATIOS	,	
NAME OF COMMITTEE (In Full) The Deu Genes	ation	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommended the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commended and nonforteral candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal cand nunications or voter drives	lidates from the ac- s that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	0/	0/
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	. %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	I EDETIAL 76	NON EDENAL /6
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	/- %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	I EDETINE /6	HON LUCIAL /6
Fundraising Direct Candidate Support	· · · · %	. %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		

NONFEDERAL %

FEDERAL %

ACTIVITY IS:

Fundraising
CHECK IF THE RATIO IS:

New

Revised

Direct Candidate Support

Same as Previously Reported

1203071381

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE	18a OF	FORM 3X

AME C	OF COMMITTEE (In Full)	3	
	The New	Generation	
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
ŀ		'M M / 'D D / Y Y Y	
ļ			79
BRE	AKDOWN OF TRANSFER RECEIV	ED	
j)	Total Administrative		, , , , , , , , , , , , , , , , , , ,
1			
ii)	Generic Voter Drive		,
Ì			
Hi)	Exempt Activities		y y
iv)	Direct Fundraising (List Activity or	Event Identifier)	
1			
	a)	en en en en en en en en en en en en en e	
1	b)		• .
1			
ł	c) Total Amount Transferred For Dire	ect Fundraising	
V)	Direct Candidate Support (List Acti	vity or Event Identifier)	
İ			
	a)		
	b)		
1	a) Total Amount Transferred For Dire	ect Candidate Support	g e e
ł	C) Iolai Amount Transieneo I oi Dire	• •	
l	Public Communications Referring	Only to Party (Made by PAC)	
1/			
	IC	OTALS FOR BREAKDOWN OF TRANSFER RECEIV	
TOTAL	This Period (Administrative)	. The second of the second of	
TOTAL	This Period (Generic Voter Drive)		,
TOTAL	This Period (Exempt Activities)	······································	· · · · · • • • · · · · · · · · · · · ·
		•	
TOTAL	This Period (Direct Fundraising)		
			the second of the work of the grant of
TOTAL	This Period (Direct Candidate Suppo	nt)	
TOTA!	This Davied /Dublis Communications	Reference Only to Rosty)	
IUIAL	This renod (Public Communications	Referring Only to Party)	interior (M. 1907). Province de 1999. Total de la compositor de 1999.
TOTAL	This Period (Total Amount Transferre	d)	
. U IML	THIS I CHOU (TOTAL MINUUM TRANSPORT		•

12030713820

SCHEDULE H4 (FEC Form 3X)

DISB FEDE

_	DERAL/NONFEDERAL ACTIV	,,,,			FOR LINE 21a OF FORM (
A	ME OF COMMITTEE (In Full)	1)80	N) GE	105	1 -
	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exemp
					U Voter Drive Direct Candidate Suppor
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				1 1 -
	•			Category/ Type	M M / D D / Y Y Y Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	. , ,		J J	•	, , -
	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address	······································	.		Administrative Fundraising Exemp
					Voter Drive Direct Oandidate Suppo
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	·· ·· · · · · · · · · · · · · · · · ·			7 7
				Category/ Type	M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	, , , , ,		, ,	•	, , ,
	Full Name (Last, First, Middle Initial)	· 			Allocated Activity or Event: Administrative Fundraising Exemp
	Mailing Address				Voter Drive Direct Candidate Suppo
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		-		, , , .
				Category/ Type	M M / D D / Y Y Y Y Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			· 1 3·	•	· · · · · · · · · · · · · · · · · · ·
	JBTOTAL of Allocated Federal and NonFeder	al Activity Th	=		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	y , ,		.3. 3	•	, ,
	TAL This Period (last page for each line only	WEndoral ob	•	l Non-Endard al	

y .

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE		О	F		
FOR	LINE	18b	OF	FORM	3X

AME OF COMMITTEE (In Full)					
The Na	15 GENEROVIE	•>>			
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
	M M / D D / Y Y Y				
		, , .			
BREAKDOWN OF THIS TRANSFER					
i) Voter Registration	VOTER REGISTR	ATION			
Total Amount Transferred for Voter	Registration				
III Makan ID	·	OTER ID			
 ii) Voter ID Total Amount Transferred for Voter 	ID,				
	,	GOTV			
iii) GOTV Total Amount Transferred for GOTV	·				
Total Amount Transience for Got	•	GENERIC CAMPAIGN ACTIVITY			
iv) Generic Campaign Activity	oda Campanian Anti-th	deficitio on many normal			
Total Amount Transferred for Gene	ric Campaign Activity	y			
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
	. M M / D D / Y Y Y Y				
		, ,			
BREAKDOWN OF THIS TRANSFER					
i) Voter Registration	VOTER REGISTR	NATION			
Total Amount Transferred for Voter	Registration				
		OTER ID			
ii) Voter ID Total Amount Transferred for Voter	r ID				
Total Fillion Walder Total	,	GOTV			
iii) GOTV	••				
Total Amount Transferred for GOT	V	, ,			
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY			
Total Amount Transferred for Gene	eric Campaign Activity	. , , ,			
TOTALS FOR BR	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)			
TOTAL This Desired (Makes Desiredae)					
TOTAL This Period (Voter Registration)	.1),	•			
TOTAL This Period (Voter ID)					
TOTAL TIME FORCE (VOICE 15)	,	, .			
TOTAL This Period (GOTV)					
· · ·		, , , , , , , , , , , , , , , , , , , ,			
TOTAL This Period (Generic Campaign Activity)					
TOTAL This Period (Total Amount of Transfers Received),					

12030713823

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE		OF		
FOR LINE	30a	OF	FORM	ЗХ

THE OF COMMITTEE (In Full) THE NEW GENES	-atio	r V	
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity Voter Registration Voter ID	or Event: GOTV Generic Campaign
Mailing Address		Allocated Activity or	Event Year-To-Date
City State Zip Code	<u> </u>	,	,
Purpose of Disbursement	Category/ Type	Date	D / Y Y Y Y
FEDERAL SHARE + LEVIN SHA	RE	= TOTAL	AMOUNT
j j - 1	•	7	
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity Voter Registration Voter ID	GOTV Generic Campaign
Mailing Address		Allocated Activity or	Event Year-To-Date
City State Zip Code		,	,
Purpose of Disbursement	Category/ Type	M M / D Date	D / Y Y Y Y .
FEDERAL SHARE + LEVIN SHA	RE	= TOTAL	AMOUNT
, , , , , , , , , , , , , , , , , , ,	•	,	,
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity Voter Registration Voter ID	or Event: GOTV Generic Campaign
Mailing Address		Allocated Activity or	Event Year-To-Date
City State ∠ip Code		,	, .
Purpose of Disbursement	Category/ Type	M M / D Date	D / Y Y Y Y
FEDERAL SHARE + LEVIN SHA	RE	= TOTAL	AMOUNT
, , . ,	•	7	,
UBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE + LEVIN SHA	RE	= TOTAL	AMOUNT
OTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	Levin share to		AMOUNT
, , LEVIN SHA		7	,
OTAL This Period for the Levin Share	•		
		5500111	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) The New Generation								
NAM	E OF ACCOUNT							
		COLUMN A TOTAL THIS PERIOD				COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized	,	,	•		,	,	-
	(b) Unitemized	,	,	•		7.	7 .	
	(c) Total	· · ,	,	•		7	J .	•
2 .	OTHER RECEIPTS	,	,	•		,	,	•
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	,	,	•		,	,	•
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)							
	(a) Voter Registration	. ,	,	•		,		•
	(b) Voter ID	7	•	•		,	7 ·	•
	(c) GOTV	5	,	•		,	,	•
	(d) Generic Campaign	,	,	•		7	,	••
	(e) Total	,	.,	•		,	,	-
5.	OTHER DISBURSEMENT9	. ,	· •	•		. 7	,	••
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	. ,	,			, , , , , , , , , , , , , , , , , , ,	.,	•
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	,	٠,			٠,	. ,	•
8.	RECEIPTS(from Line 3)	,	,	•		,	. 5	••
9.	SUBTOTAL(Add Lines 7 and 8)	,	, .	·•·		,	,	•
10.	DISBURSEMENTS(From Line 6)					,	, 3	•
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		·			,	,,	.•

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: 1a

PAGE

	Agg	regation Page	(check only one)
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a			
NAME OF COMMITTEE (In Full) The NEW GE	Nex DY	100	
Full Name (Last, First, Middle Initial) / Full Organization.	on Name		Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization B. Malling Address	on Name		Date of Receipt M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business Occupation			Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization. Mailing Address	on Name		Date of Receipt M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation Full Name (Last, First, Middle Initial) / Full Organization	oo Nama		, , ,
D.	on Name		Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City Name of Employer or Principal Place of Business	State	Zip Code	• • • • • • • • • • • • • • • • • • •
Occupation			Aggregate Year-to-Date
			, , , , , , , , , , , , , , , , , , ,
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)		······	<u> </u>

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER:	PAGE	E	OF
(check only one)	4a [4b [4c 4d	5

OF LEVIN FUNDS	Aggregation Page	☐ 4b ☐ 4d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		
NAME OF COMMITTEE (In Full) The NEW SENOCE	stion	
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne /	Date of Disbursement
.		M M / D: D / Y Y Y
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Dish in
.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		2 + 1 - 1 + 1 + 1 + 2 + 1 + 2 + 2 + 2 + 2 + 2 +
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	Date of Diskurs
·		Date of Disbursement
Mailing Address		M M / D D / P Y Y Y .
City State	Zip Code	Amount of Each Disbursement this Period
Purpase of Disbursement		.
Full Name (Last, First, Middle Initial) / Full Organization Nan	ne	Date of Disbursement
		M M / D D / Y Y Y
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial) / Full Organization Nam	ne	
<u>.</u>		Date of Disbursoment
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		
		, , , , , , , , , , , , , , , , , , , ,
TOTAL This Period (last page this line number only)	······	5

Federal Election Cor ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked //17/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Sig	gnature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Jan W	1/25/12
PREPARER (3/2005)	DATE PREPARED