

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2012 JAN 25 AM 9:00
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

THE NEW GENERATION

ADDRESS (number and street) 19805 N.W. 58TH STREET #511

Check if different than previously reported. (ACC)

DORAL FL 33178

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00500785

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 08'01'2011 through 12'31'2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joei Frewa

Signature of Treasurer



Date 01'01'2012

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 Use Only

FEC FORM 3X
Rev. 12/2004

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

THE NEW GENERATION

Report Covering the Period: From: ^M08 ^D01 ^Y2011

To: ^M12 ^D31 ^Y2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

2,384.65

2,384.65

(ii) Unitemized.....

50.00

50.00

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

2,434.65

2,434.65

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

2,434.65

2,434.65

12. Transfers From Affiliated/Other
Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

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

0.00

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

0.00

0.00

17. Other Federal Receipts
(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,434.65

2,434.65

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

2,434.65

2,434.65

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)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1,067.02	1,067.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,067.02	1,067.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	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)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(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
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	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely 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
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).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)	, 2,434.65	, 2,434.65
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

12030713809

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

THE NEW GENERATION

Full Name (Last, First, Middle Initial)

A. **FREWA, JOEL**

Mailing Address

9905 N.W. 52ND ST #511

City

DORAL

State

FL

Zip Code

33178

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTERNATIONAL CLOSET CENTER

Occupation

MARKETING DIRECTOR

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,884.65

Date of Receipt

12 / 31 / 2011

Amount of Each Receipt this Period

1,884.65

Full Name (Last, First, Middle Initial)

B. **DUSTIN, STOCKTON**

Mailing Address

4119 E. SUNDANCE AVE.

City

GILBERT

State

AZ

Zip Code

85297

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTERN REPRESENTATION PAC

Occupation

CHIEF STRATEGIST

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

, , .

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12030713810

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE NEW GENERATION

Full Name (Last, First, Middle Initial)

A. *BILL RANDALL*

Mailing Address

P.O. BOX 97905

City *RALEIGH* State *NC* Zip Code *27624*

Purpose of Disbursement

CONTRIBUTION

Candidate Name

BILL RANDALL

Office Sought: ☒ House
☐ Senate
☐ President
State: *NC* District: *13*

Disbursement For:
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

11/04/2011

Amount of Each Disbursement this Period

, 150.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

, 150.00

TOTAL This Period (last page this line number only).....▶

, 150.00

12030713811

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

The New Generation

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- ☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y - Y Y

M M / D D / Y Y - Y Y

% (apr)

☐ Yes ☐ 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
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 2em; font-family: cursive;">The New Generation</div>		FEC IDENTIFICATION NUMBER <div style="font-size: 1.2em;">C00500785</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="text-align: center;">, , .</div>	
Interest Rate (APR) <div style="text-align: center;">. . %</div>			
Mailing Address		Date Incurred or Established <div style="text-align: center;">M M / D D / Y Y Y Y</div>	
City State Zip Code		Date Due <div style="text-align: center;">M M / D D / Y Y Y Y</div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="text-align: center;">M M / D D / Y Y Y Y</div>			
B. If line of credit, Total Outstanding Balance: Amount of this Draw: , , . , , .			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="text-align: center;">, , .</div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="text-align: center;">, , .</div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="text-align: center;">M M / D D / Y Y Y Y</div>		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE <div style="text-align: center;">M M / D D / Y Y Y Y</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. 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. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE <div style="text-align: center;">M M / D D / Y Y Y Y</div>	
Title _____			

12030713813

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
10

NAME OF COMMITTEE (In Full)

The New Generation

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **OF**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>The New Generation</i>	FEC IDENTIFICATION NUMBER ▼ C00500785
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
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) _____

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
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	▶
(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

Date M M / D D / Y Y Y Y

12030713815

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">The New Generation</div>										
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				Full Name of Subordinate Committee						
				Mailing Address						
				City		State		ZIP Code		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure			Category/Type			
Mailing Address				Date						
City		State		Zip Code		M M / D D / Y Y Y Y				
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____		Amount		
Aggregate General Election Expenditure for this Candidate ▶								, , .		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure			Category/Type			
Mailing Address				Date						
City		State		Zip Code		M M / D D / Y Y Y Y				
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____		Amount		
Aggregate General Election Expenditure for this Candidate ▶								, , .		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure			Category/Type			
Mailing Address				Date						
City		State		Zip Code		M M / D D / Y Y Y Y				
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____		Amount		
Aggregate General Election Expenditure for this Candidate ▶								, , .		
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure			Category/Type			
Mailing Address				Date						
City		State		Zip Code		M M / D D / Y Y Y Y				
Name of Federal Candidate Supported		Office Sought:		House Senate Presidential		State: _____ District: _____		Amount		
Aggregate General Election Expenditure for this Candidate ▶								, , .		
SUBTOTAL of Expenditures This Page (optional)..... ▶								, , .		
TOTAL This Period (last page this line number only)..... ▶								, , .		

THE 2000 NATIONAL INQUIRY

SCHEDULE H1 (FEC Form 3X)

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)**

NAME OF COMMITTEE (In Full)

THE NEW GENERATION

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election 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)

B. Separate Segregated Funds and Nonconnected Committees

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..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

12030713817

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

The New Generation

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>

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

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (In Full)

The New Generation

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

The New Generation

A. Full Name (Last, First, Middle Initial)

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

, , .

M M / D D / Y Y Y Y

Date

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

, , .

B. Full Name (Last, First, Middle Initial)

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

, , .

M M / D D / Y Y Y Y

Date

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

, , .

C. Full Name (Last, First, Middle Initial)

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

, , .

M M / D D / Y Y Y Y

Date

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

, , .

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

, , .

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

, , .

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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	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full) <i>The New Generation</i>
--

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED , , .
-----------------	--	-----------------------------------

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration		VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....		, , .
ii) Voter ID		VOTER ID
Total Amount Transferred for Voter ID.....		, , .
iii) GOTV		GOTV
Total Amount Transferred for GOTV		, , .
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity		, , .

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED , , .
-----------------	--	-----------------------------------

BREAKDOWN OF THIS TRANSFER		
i) Voter Registration		VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....		, , .
ii) Voter ID		VOTER ID
Total Amount Transferred for Voter ID.....		, , .
iii) GOTV		GOTV
Total Amount Transferred for GOTV		, , .
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity		, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)		
TOTAL This Period (Voter Registration).....	, , .	
TOTAL This Period (Voter ID)	, , .	
TOTAL This Period (GOTV).....	, , .	
TOTAL This Period (Generic Campaign Activity).....	, , .	
TOTAL This Period (Total Amount of Transfers Received)	, , .	

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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 3X	

NAME OF COMMITTEE (In Full)
The New Generation

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	<i>The New Generation</i>
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	, , .	, , .
(b) Unitemized	, , .	, , .
(c) Total	, , .	, , .
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	, , .	, , .
(c) GOTV	, , .	, , .
(d) Generic Campaign	, , .	, , .
(e) Total	, , .	, , .
5. OTHER DISBURSEMENTS	, , .	, , .
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	, , .	, , .
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	, , .	, , .
8. RECEIPTS (from Line 3)	, , .	, , .
9. SUBTOTAL (Add Lines 7 and 8)	, , .	, , .
10. DISBURSEMENTS (From Line 6)		, , .
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		, , .

12030713823

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

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

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

The New Generation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

A.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

B.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

C.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

D.

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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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 OF
(check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

The New Generation

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Federal Election Commission
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Amw

PREPARER

(3/2005)

1/25/12

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