

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 6  
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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			MM / DD / YYYY <b>04 / 16 / 2013</b>		
Full Name (Last, First, Middle Initial) of Payee <b>Barnes Mosher Whitehurst Lauter &amp; Partners, Inc.</b>			Date MM / DD / YYYY <b>04 / 16 / 2013</b>		
Mailing Address 660 Mission St., 2nd Floor, Ste 200			Amount <b>3125.00</b>		
City State Zip Code San Francisco CA 94105		Transaction ID : EDT.E.32			
Purpose of Expenditure Consulting Services		Category/ Type <b>24A</b>		Office Sought: <input type="checkbox"/> House State: <b>MA</b> <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 <b>428414.32</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>			
Full Name (Last, First, Middle Initial) of Payee <b>Barnes Mosher Whitehurst Lauter &amp; Partners, Inc.</b>			Date MM / DD / YYYY <b>04 / 16 / 2013</b>		
Mailing Address 660 Mission St., 2nd Floor, Ste 200			Amount <b>6250.00</b>		
City State Zip Code San Francisco CA 94105		Transaction ID : PDT.E.51			
Purpose of Expenditure Consulting Services		Category/ Type <b>24A</b>		Office Sought: <input type="checkbox"/> House State: <b>MA</b> <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 <b>428414.32</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>			
(a) SUBTOTAL of Itemized Independent Expenditures.....			<b>9375.00</b>		
(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 MM / DD / YYYY <b>06 / 24 / 2013</b></p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NextGen Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00542779       </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 04 / 16 / 2013</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>HSC, Inc.</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 04 / 16 / 2013</div> </div>	
Mailing Address    360 Grand Avenue, Suite 138				
City Oakland	State CA	Zip Code 94610	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11501.51</div>	
Purpose of Expenditure Campaign Research & Expenses		Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Office Sought: <input type="checkbox"/> House    State: <u>MA</u> <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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">428414.32</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special 2013</u>	

Transaction ID : EDT.E.31

Full Name (Last, First, Middle Initial) of Payee <b>Lehane, Erin</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 04 / 17 / 2013</div> </div>	
Mailing Address    2247 Clay Street				
City San Francisco	State CA	Zip Code 94115	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>	
Purpose of Expenditure Press Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	Office Sought: <input type="checkbox"/> House    State: <u>MA</u> <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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">428414.32</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special 2013</u>	

Transaction ID : PDT.E.49

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">14001.51</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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 Adams

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 24 / 2013

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 6  
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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY <b>04 / 16 / 2013</b>	

Full Name (Last, First, Middle Initial) of Payee <b>Lehane, Erin</b>		Date MM / DD / YYYY <b>04 / 17 / 2013</b>	
Mailing Address <b>2247 Clay Street</b>		Amount <b>492.00</b>	
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94115</b>	Transaction ID : <b>PDT.E.50</b>
Purpose of Expenditure <b>Travel Expenses</b>	Category/Type <b>24A</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	State: <b>MA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Stephen F. Lynch</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>	
Calendar Year-To-Date Per Election for Office Sought <b>428414.32</b>			

Full Name (Last, First, Middle Initial) of Payee <b>Mark Fabiani, LLC</b>		Date MM / DD / YYYY <b>04 / 16 / 2013</b>	
Mailing Address <b>939 Coast Blvd., Suite 4D</b>		Amount <b>12500.00</b>	
City <b>La Jolla</b>	State <b>CA</b>	Zip Code <b>92037</b>	Transaction ID : <b>EDT.E.22</b>
Purpose of Expenditure <b>Consulting Services</b>	Category/Type <b>24A</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	State: <b>MA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Stephen F. Lynch</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>	
Calendar Year-To-Date Per Election for Office Sought <b>428414.32</b>			

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>12992.00</b>
(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.

*Thomas Adams*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 24 / 2013**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 6  
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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY <b>04 / 16 / 2013</b>	

  

Full Name (Last, First, Middle Initial) of Payee <b>Mark Fabiani, LLC</b>		Date MM / DD / YYYY <b>04 / 16 / 2013</b>	
Mailing Address <b>939 Coast Blvd., Suite 4D</b>		Amount <b>12500.00</b>	
City <b>La Jolla</b>	State <b>CA</b>	Zip Code <b>92037</b>	Transaction ID : <b>PDT.E.52</b>
Purpose of Expenditure <b>Consulting Services</b>	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House State: <b>MA</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Stephen F. Lynch</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>428414.32</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>	

  

Full Name (Last, First, Middle Initial) of Payee <b>Sadler Strategic Media, Inc.</b>		Date MM / DD / YYYY <b>04 / 15 / 2013</b>	
Mailing Address <b>12103 Viewcrest Road</b>		Amount <b>49700.00</b>	
City <b>Studio City</b>	State <b>CA</b>	Zip Code <b>91604</b>	Transaction ID : <b>EDT.E.6</b>
Purpose of Expenditure <b>Aerial Banners</b>	Category/ Type <b>24A</b>	Office Sought: <input type="checkbox"/> House State: <b>MA</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Stephen F. Lynch</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>428414.32</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>62200.00</b>
(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.

Thomas Adams

[Electronically Filed]

Signature \_\_\_\_\_ Date MM / DD / YYYY **06 / 24 / 2013**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 6  
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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 04</div> <div><small>D D D</small> 16</div> <div><small>Y Y Y Y Y Y Y Y</small> 2013</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Tigercomm</b>			Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 04</div><div><small>D D D</small> 10</div><div><small>Y Y Y Y Y Y Y Y</small> 2013</div></div>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850				
City Arlington	State VA	Zip Code 22209	Amount <div style="border: 1px solid black; padding: 2px;">9600.00</div>	
Purpose of Expenditure Production & Pitch Infographic		Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	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 <div style="border: 1px solid black; padding: 2px;">428414.32</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special 2013	

Full Name (Last, First, Middle Initial) of Payee <b>Tigercomm</b>			Date <div style="display: flex; justify-content: space-around;"><div><small>M M M</small> 04</div><div><small>D D D</small> 15</div><div><small>Y Y Y Y Y Y Y Y</small> 2013</div></div>	
Mailing Address 1901 N. Fort Myer Drive, Suite 850				
City Arlington	State VA	Zip Code 22209	Amount <div style="border: 1px solid black; padding: 2px;">8000.00</div>	
Purpose of Expenditure Aerial banners design & pitch		Category/ Type <div style="border: 1px solid black; padding: 2px;">24A</div>	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 <div style="border: 1px solid black; padding: 2px;">428414.32</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special 2013	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	17600.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> 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.

Thomas Adams

Signature

[Electronically Filed]

Date

M M M  
06

D D D  
24

Y Y Y Y Y Y Y Y  
2013

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NextGen Committee

FEC IDENTIFICATION NUMBER ▼

C

C00542779

Check If ☒ 24-hour report ☐ 48-hour report☐ New report ☒ Amends report filed onM M / D D / Y Y Y Y Y Y  
04 / 16 / 2013D D / Y Y Y Y Y Y  
16 / 2013Y Y Y Y Y Y  
2013

Full Name (Last, First, Middle Initial) of Payee

Winning Connections, Inc.

Date

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2013D D / Y Y Y Y Y Y  
16 / 2013Y Y Y Y Y Y  
2013Mailing Address 317 Pennsylvania Ave., SE,  
2nd Floor

Amount

55000.00

City

Washington

State

DC

Zip Code

20003

Transaction ID : EDT.E.7

Purpose of Expenditure  
RobocallsCategory/  
Type 24A

Office Sought:

☐ House

State: MA

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Stephen F. Lynch

Calendar Year-To-Date Per Election  
for Office Sought

428414.32

Disbursement For: ☐ Primary ☐ General

2013

☒ Other (specify) ▶

Special 2013

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

55000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

171168.51

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 Adams

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2013D D / Y Y Y Y Y Y  
24 / 2013Y Y Y Y Y Y  
2013

Signature