

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NextGen Climate Action Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00547349 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item Minuteman Press Chicago	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 20 / 2016 </div>						
Mailing Address 1249 N Clybourn Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 930.67 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Chicago</td> <td>IL</td> <td>60610-6655</td> </tr> </table>	City	State	Zip Code	Chicago	IL	60610-6655	Transaction ID : VNTPK9T80M4 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 20 / 2016 </div>
City	State	Zip Code					
Chicago	IL	60610-6655					
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div>						
Name of Federal Candidate <input type="checkbox"/> Support Donald J. Trump <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 404104.62 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item PDQ Printing of Las Vegas	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 20 / 2016 </div>						
Mailing Address 3820 S Valley View Blvd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 210.89 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Las Vegas</td> <td>NV</td> <td>89103-2904</td> </tr> </table>	City	State	Zip Code	Las Vegas	NV	89103-2904	Transaction ID : VNTPK9T80P9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 07 / 20 / 2016 </div>
City	State	Zip Code					
Las Vegas	NV	89103-2904					
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; width: 40px; height: 15px;"></div>						
Name of Federal Candidate <input type="checkbox"/> Support Donald J. Trump <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 404104.62 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1141.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0000.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 1141.56 </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.

Rita Copeland
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 09 / 2016