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COMMISSION MAIL ROOM
SKADDEN, ARPS, SLATE, MEAGHER & O'NEILL LLP

1440 NEW YORK AVENUE, N.W.

WASHINGTON, D.C. 20004
Aug 13 9 50 AM '99

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FAX: (202) 393-5760

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DIRECT DIAL
202-371-7546
DIRECT FAX
202-371-7956

August 11, 1999

Marc J. Rowan
Apollo Management
1301 Avenue of the Americas, 38th Floor
New York, New York 10019

Re: Next Generation Semiannual Filing

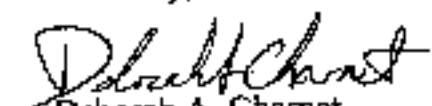
Dear Mr. Rowan:

Enclosed please find the Semiannual Report of Receipts and Disbursements for Next Generation covering the period January 1, 1999 through June 30, 1999. After your review, please sign and date the report and forward it via overnight mail to arrive no later than August 13, 1999 to the following address:

Federal Election Commission
999 B Street, NW
Washington, D.C. 20463

Please do not hesitate to call with any questions.

Sincerely,


Deborah A. Charney
Political Reports Analyst

Enclosure

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Aug 13 9-58 AM '99

USE FEC MAILING LABEL
OR
TYPE ON PRINT

1. NAME OF COMMITTEE (in full)
Next Generation

ADDRESS (number and street) Check if different than previously reported
040 First Avenue, Suite 153

CITY, STATE and ZIP CODE
New York, NY 10022

2. FEC IDENTIFICATION NUMBER
C00329862

3. This committee has qualified as a multi-candidate committee. (see FEC FORM 1H)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/99</u> through <u>08/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 14,253.58
(b) Cash on Hand at Beginning of Reporting Period	\$ 14,253.58	
(c) Total Receipts (from Line 19)	\$ 80,000.00	\$ 80,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 94,253.58	\$ 94,253.58
7. Total Disbursements (from Line 30)	\$ 29,265.96	\$ 29,255.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 64,987.62	\$ 64,997.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
Marc Rowan

Signature of Treasurer

Date
8-11-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
Next Generation	01/01/99	06/30/99	
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	80,000.00	80,000.00	11(a)
i. Itemized (use Schedule A)	0.00	0.00	11(a)(i)
ii. Unitemized	80,000.00	80,000.00	11(a)(ii)
iii. Total (add i and ii) >	0.00	0.00	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	80,000.00	80,000.00	11(d)
d. Total Contributions (add a ii, b and c) >	0.00	0.00	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	80,000.00	80,000.00	19
19. Total Receipts (add 11 d, 12, 13, 14, 15, 16, 17, and 18) >	80,000.00	80,000.00	20
20. Total Federal Receipts (subtract line 16 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(i)
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	27,530.46	27,530.46	21(b)
b. Other Federal Operating Expenditures (add a i, a ii, and b) >	27,530.46	27,530.46	21(c)
c. Total Operating Expenditures	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	1,725.50	1,725.50	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:	0.00	0.00	28(a)
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	29
29. Other Disbursements	29,255.96	29,255.96	30
30. Total Disbursements (add 21 c, 22, 23, 24, 25, 26, 27, 28 d, and 29) >	29,255.96	29,255.96	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11 d)	80,000.00	80,000.00	32
33. Total Contribution Refunds (from line 28 d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	80,000.00	80,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	27,530.46	27,530.46	35
36. Offsets to Operating Expenditures (from line 16)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	27,530.46	27,530.46	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 111

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)
Next Generation

<p>A. Full Name, Mailing Address and ZIP Code Marc Rowan 944 Park Avenue New York, NY 10028</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Apollo Management, LP</p> <p>Occupation Investments</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 02/01/99</p>	<p>Amount of Each Receipt This Period 5,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Christian Schade 56 Whittridge Road Summit, NJ 07801</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Merrill Lynch</p> <p>Occupation Managing Director</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 02/02/99</p>	<p>Amount of Each Receipt This Period 5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Donald Mullen 111 West 87th St. New York, NY 10028</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bear Stearns</p> <p>Occupation Investments</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 02/09/99</p>	<p>Amount of Each Receipt This Period 5,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Jane Ross 91 Central Park West, Apt. 2B New York, NY 10023</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CIBCWood Gundy</p> <p>Occupation Investments</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 03/24/99</p>	<p>Amount of Each Receipt This Period 5,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code David Feinman 78 Park Avenue New York, NY 10538</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Societe Generale Securities Corp.</p> <p>Occupation Investment Banker</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 03/28/99</p>	<p>Amount of Each Receipt This Period 5,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Alex Papachristou 8 East 96th Street, 2B New York, NY 10128</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer NCH Advisors</p> <p>Occupation Director & General Counsel</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt This Period 5,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code David Solomon 245 Park Avenue New York, NY 10167</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bear Stearns</p> <p>Occupation Investment Banking</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 03/30/99</p>	<p>Amount of Each Receipt This Period 5,000.00</p>

35,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 3
FOR LINE NUMBER 111

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NAME OF COMMITTEE (In Full) Next Generation			
A. Full Name, Mailing Address and ZIP Code Katarina Mullen 245 Park Avenue New York, NY 10167	Name of Employer Homemaker	Date (month, day, year) 03/31/99	Amount of Each Receipt this Period 5,000.00
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code Joseph Fichera 116 East 87th Street, 20D New York, NY 10128	Name of Employer Prudential Securities	Date (month, day, year) 04/01/99	Amount of Each Receipt this Period 5,000.00
	Occupation Investment Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code Thomas Flexner 111 E. 80th Street New York, NY 10021	Name of Employer Bear Stearns	Date (month, day, year) 04/05/99	Amount of Each Receipt this Period 5,000.00
	Occupation Investment Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code James Moore 155A E. 71st Street, Apt. 1 New York, NY 10021	Name of Employer ContiFinancial	Date (month, day, year) 04/05/99	Amount of Each Receipt this Period 5,000.00
	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Aggregate Year-to-Date > \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code Warren J. Spector 245 Park Avenue New York, NY 10167	Name of Employer Bear, Stearns & Co., Inc.	Date (month, day, year) 04/05/99	Amount of Each Receipt this Period 5,000.00
	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code Nancy Yvrisaker 60 Wall Street New York, NY 10260	Name of Employer J. P. Morgan Community Development Corp.	Date (month, day, year) 04/07/99	Amount of Each Receipt this Period 5,000.00
	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Aggregate Year-to-Date > \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code Phillip E. Berney 245 Park Avenue New York, NY 10167	Name of Employer Bear Stearns	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period 5,000.00
	Occupation Sr. Managing Dir.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		Aggregate Year-to-Date > \$ 5,000.00	
SUBTOTAL of Receipts This Page (optional)			35,000.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11 21

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) Next Generation			
A. Full Name, Mailing Address and ZIP Code Jay Thomas Snyder 866 Fifth Avenue, 37th Floor New York, NY 10103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/13/99	5,000.00
	Aggregate Year-to-Date \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code Bob Speigel 80 Park Avenue, 30 New York, NY 10016 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Sands Brothers	04/20/99	5,000.00
	Occupation Money Market Aggregate Year-to-Date \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date \$		
SUBTOTAL of Receipts This Page (optional)			10,000.00
TOTAL This Period (just page this line number only)			80,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
Next Generation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Skadden, Arps, Slate, Meagher & Flom LLP 1440 New York Avenue, NW Washington, DC 20005	Legal Service Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/11/99	2,038.00
B. Full Name, Mailing Address and ZIP Code Nancy Jacobson 2201 N Street, NW Washington, DC 20037	Purpose of Disbursement consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/11/99	3,000.00
C. Full Name, Mailing Address and ZIP Code M&B Boxes Etc. 1040 First Avenue New York, NY 10022	Purpose of Disbursement Admin. Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/13/99	489.70
D. Full Name, Mailing Address and ZIP Code Petres Press 8300 B Merrifield Avenue Fairfax, VA 22031	Purpose of Disbursement Letterhead expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/19/99	338.00
E. Full Name, Mailing Address and ZIP Code Nancy Jacobson 2201 N Street, NW Washington, DC 20037	Purpose of Disbursement Jan/Feb/March consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	03/19/99	4,500.00
F. Full Name, Mailing Address and ZIP Code VISION INC. 1900 Leesburg Pike #401 Alexandria, VA 22302	Purpose of Disbursement bus rental expense for conference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/01/99	523.26
G. Full Name, Mailing Address and ZIP Code The Regency Hotel 540 Park Avenue New York, NY 10021	Purpose of Disbursement deposit for breakfast meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/01/99	660.00
H. Full Name, Mailing Address and ZIP Code Nancy Jacobson 2201 N Street, NW Washington, DC 20037	Purpose of Disbursement reimbursable expenses for consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/01/99	877.18
I. Full Name, Mailing Address and ZIP Code The Ray Adams Hotel 16th and H Street Washington, DC 20005	Purpose of Disbursement admin/meeting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/04/99	600.00

SUBTOTAL of Disbursements This Page (optional)	13,016.13
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER 216

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NAME OF COMMITTEE (in Full)
Next Generation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hotel George 15 E Street, NW Washington, DC 20001	Next Generation Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/08/99	400.00
B. Full Name, Mailing Address and ZIP Code Skadden, Arps, Slate, Meagher & Flom LLP 1440 New York Avenue, NW Washington, DC 20005	Legal Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/13/99	872.00
C. Full Name, Mailing Address and ZIP Code Hotel George 15 E Street, NW Washington, DC 20001	balance due for 4/15 breakfast Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/13/99	299.16
D. Full Name, Mailing Address and ZIP Code The Hay Adams Hotel 16th and H Street Washington, DC 20006	balance due to hotel for meeting expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/20/99	640.45
E. Full Name, Mailing Address and ZIP Code Vision Inc. 1900 Leesburg Pike #401 Alexandria, VA 22302	balance due on bus rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/20/99	74.75
F. Full Name, Mailing Address and ZIP Code The Hay Adams Hotel 16th and H Street Washington, DC 20006	balance due on meeting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/14/99	200.00
G. Full Name, Mailing Address and ZIP Code The Regency Hotel 540 Park Avenue New York, NY 10021	balance due on meeting expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/14/99	177.98
H. Full Name, Mailing Address and ZIP Code Nancy Jacobson 2201 N Street, NW Washington, DC 20037	consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/14/99	4,500.00
I. Full Name, Mailing Address and ZIP Code The Regency Hotel 540 Park Avenue New York, NY 10021	breakfast meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/19/99	650.00

SUBTOTAL of Disbursements This Page (optional)

7,814.34

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 3

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
Next Generation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Petree Press 8300 B Merrifield Avenue Fairfax, VA 22031	Letterhead/ admin expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/07/99	540.45
B. Full Name, Mailing Address and ZIP Code Nancy Jacobson 2201 N Street, NW Washington, DC 20037	April/May consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/07/99	5,821.95
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	6,362.40
TOTAL This Period (last page this line number only)	27,192.87

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 25

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NAME OF COMMITTEE (In Full)
Next Generation

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement In Kind to Bradley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000	Date (month, day, year)	Amount of Each Disbursement This Period 1,778.38 (In-Kind)
University Club One West 84th St. New York, NY 10019	In Kind to Bradley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000	03/08/99	1,778.38 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code Bill Bradley for President Washington, DC 20002	In Kind to Bradley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000	03/08/99	1,778.38 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code Capitol Hotel Washington, DC 20001	Purpose of Disbursement overpaid and returned extra money due to the Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1999	05/07/89	-52.88
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,725.60
TOTAL This Period (last page this line number only)	1,725.50

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8-13-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i>	8-13-99
PREPARER	DATE PREPARED