

**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; display: inline-block;"> C C00547349 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Method Strategies LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2016			
Mailing Address 233 5th Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 4200.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Venice</td> <td style="width:17%; border-bottom: 1px solid black;">State CA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 90291-2640</td> </tr> </table>		City Venice	State CA	Zip Code 90291-2640
City Venice		State CA	Zip Code 90291-2640	
Purpose of Expenditure Direct Mail				
Name of Federal Candidate: Clinton, Hillary, Rodham, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5373885.20 </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 Method Strategies LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2016			
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City Venice		State CA	Zip Code 90291-2640	
Purpose of Expenditure Direct Mail				
Name of Federal Candidate: Masto, Catherine, Cortez, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 531246.74 </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; display: inline-block; width: 150px;"> 8400.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </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.

Copeland, Rita, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 04 / 19 / 2017

Signature