

**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 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 Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount M M M M . 0 0 1560.90	
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VNTPK9TV384 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Purpose of Expenditure Digital Advertising		Category/Type 	
Name of Federal Candidate: Hassan, Margaret, Wood, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ M M M M . 0 0 451548.31	

Full Name of Payee <input type="checkbox"/> Memo Item Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount M M M M . 0 0 1560.90	
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VNTPK9TV391 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Purpose of Expenditure Digital Advertising		Category/Type 	
Name of Federal Candidate: McGinty, Kathleen, Alana, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ M M M M . 0 0 449700.05	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M M M . 0 0 3121.80
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M . 0 0 _____
(a) TOTAL Independent Expenditures ▶	M M M M . 0 0 _____

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