

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|   |  |
|---|--|
| NAME OF COMMITTEE (In Full)<br><b>NextGen Climate Action Committee</b>  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00547349 |
| 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 <span style="margin-left: 20px;">MM / DD / YYYY</span> |  |

|  |   |
|--|---|
| Full Name of Payee<br><b>The Pivot Group, Inc.</b>                 | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>09 / 27 / 2014   |
| Mailing Address<br>1720 I St NW<br>Ste 550                         | Amount<br>25350.00  |
| City Washington State DC Zip Code 20006-3741                       | <b>Transaction ID : VNTPK9PCFK8</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>09 / 26 / 2014   |
| Purpose of Expenditure<br>Printing                                 | Category/Type   |
| Name of Federal Candidate<br>Joni Ernst                            | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: IA |
| Calendar Year-To-Date Per Election for Office Sought<br>1975861.44 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____  |

|  |   |
|--|---|
| Full Name of Payee<br><b>Waterfront Strategies, Inc.</b>           | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>09 / 13 / 2014   |
| Mailing Address<br>3050 K St NW<br>Ste 100                         | Amount<br>1459486.00  |
| City Washington State DC Zip Code 20007-5122                       | <b>Transaction ID : VNTPK9P9WJ5</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>09 / 04 / 2014   |
| Purpose of Expenditure<br>Television Advertising                   | Category/Type<br>004  |
| Name of Federal Candidate<br>Terri Land                            | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MI |
| Calendar Year-To-Date Per Election for Office Sought<br>2909999.53 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____  |

|  |            |
|--|------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 1484836.00 |
| (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.

*Rita Copeland* [Electronically Filed] Date MM / DD / YYYY 05 / 08 / 2015

Signature \_\_\_\_\_