

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

NAME OF COMMITTEE (In Full) <b>NextGen Climate Action Committee</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <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;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Brushfire Strategies LLC</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 01 / 2014</b>
Mailing Address 3000 K St NW Ste 320	Amount <span style="margin-left: 20px;">8239.10</span>
City Washington	State DC
Zip Code 20007-5109	<b>Transaction ID : VNTPK9QB721</b>
Purpose of Expenditure Telephone Calls	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 30 / 2014</b>
Name of Federal Candidate Scott Brown	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1967157.59</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Brushfire Strategies LLC</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 03 / 2014</b>
Mailing Address 3000 K St NW Ste 320	Amount <span style="margin-left: 20px;">5229.00</span>
City Washington	State DC
Zip Code 20007-5109	<b>Transaction ID : VNTPK9QN721</b>
Purpose of Expenditure Telephone Calls	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 03 / 2014</b>
Name of Federal Candidate Scott Brown	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">1967157.59</span>	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..... ▶	<span style="margin-left: 20px;">13468.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;"></span>

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 M M M / D D D / Y Y Y Y Y Y  
**05 / 08 / 2015**

Signature