

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Next Generation Veteran Fund			FEC IDENTIFICATION NUMBER ▼ C C00864272	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee The Dover Group		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 20 / 2024		
Mailing Address 1570 Michigan Blvd		Amount 41732.01		
City Dunedin	State FL	Zip Code 34698-2336	Transaction ID : 500058299	
Purpose of Expenditure Direct Mail Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 13 / 2024	
Name of Federal Candidate DIXON, PETER, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		1170753.02	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
Full Name of Payee The Dover Group		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2024		
Mailing Address 1570 Michigan Blvd		Amount 41832.01		
City Dunedin	State FL	Zip Code 34698-2336	Transaction ID : 500058300	
Purpose of Expenditure Direct Mail Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 13 / 2024	
Name of Federal Candidate DIXON, PETER, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 16 ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		1170753.02	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83564.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶		83564.02		
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.				
Signature Nelson, Nathan, , ,		Date MM / DD / YYYY 02 / 21 / 2024		