

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION

ADDRESS (number and street) 7023 Mill Road  
 (Check if address is changed) Suite 1  
Brecksville OH 44141  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) lance@universalmarketingindustries.com  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 12 / 12 / 2014

3. FEC IDENTIFICATION NUMBER ▶ C C00491373

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lance Davis

Signature of Treasurer Lance Davis [Electronically Filed] Date 12 / 12 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# AMERICA'S NEXT GENERATION LLC D/B/A THE NEXT GENERATION

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name George Anderson

Mailing Address 8748 Brecksville Road

Suite 227

Brecksville OH 44141

Title or Position CITY STATE ZIP CODE

Custodian of Records Telephone number 440 - 740 - 1056

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Lance Davis

Mailing Address 10 West Streetsboro

Suite 106

Hudson OH 44236

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 330 - 607 - 1300

Full Name of Designated Agent Lance Davis

Mailing Address 10 West Streetsboro  
Suite 106  
Hudson OH 44236  
CITY STATE ZIP CODE

Title or Position Director Telephone number 330 - 607 - 1300

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Fifth Third Bank

Mailing Address PO Box 630300  
Cincinnati OH 45263-0900  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

First Merit Bank

Mailing Address 295 First Merit Circle  
Akron OH 44307  
CITY STATE ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

The committee intends to make independent expenditures, and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit Court decision in Speechnow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule:

Transaction ID:

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

First Virginia Community Bank

Mailing Address

11325 Random Hills Road

Fairfax

VA

22030

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_