07/07/2016 16 : 04

## Image# 201607079020370054 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		ITUNES	-	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER 🔻
GREAT AMERICA PAC			C	C00608489
Check if 24-hour report X 48-hour r	report New rep	ort 🗙 Amends repo	rt filed on 05	20 / Y Y Y Y 2016
Full Name of Payee RAPID RESPONSE TELEV	ISION LLC		Date of Public	Distribution/Dissemination
Mailing Address			07	11 2016
Mailing Address 4850 WRIGHT ROAD			Amount	
City	State	Zip Code		250000.00
STAFFORD	ТХ	77477		D: SE24.84521 rsement or Obligation
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/ Type	07	D D / Y Y Y Y 06 / 2016
Name of Federal Candidate		X Support	Office Sought:	House District:
DONALD J. TRUMP		Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	4035306.47	Disbursement For: 2016 Other (spe	Primary X General
Full Name of Payee			Date of Public	Distribution/Dissemination
			M = M /	
Mailing Address				
			Amount	
City	State	Zip Code		
			Date of Disbu	rsement or Obligation
Purpose of Expenditure		Category/ Type	/	
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	President	Senate State:
Calendar Year-To-Date			Disbursement For:	Primary General
Per Election for Office Sought			Other (sp	ecify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		•	250000.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		• •	
(c) TOTAL Independent Expenditures			•	· · · · · · · ·
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Dan Backer	[Elastro:	ically Filed]		/ / / / / / /
Signature		Date	07 07	2016

FEC Schedule E (Form 24/28) Rev. 09/2013

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SE Transaction ID : SE24.84521

This report amended to increase the originally reported amount of expenditure and updates the date of disbursement.

Form/Schedule: Transaction ID: