

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>CONNELL DONATELLI, INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 12 / 2016</b>		
Mailing Address <b>1415 L ST</b> <b>#430</b>			Amount <b>5000.00</b>		
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>SE24.85796</b>		
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2016</b>		
Name of Federal Candidate <b>DONALD J TRUMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>4051306.47</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>CONNELL DONATELLI, INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>		
Mailing Address <b>1415 L ST</b> <b>#430</b>			Amount <b>1000.00</b>		
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>SE24.85797</b>		
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2016</b>		
Name of Federal Candidate <b>DONALD J TRUMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>4051306.47</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>6000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>6000.00</b>

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.

Dan Backer

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 14 / 2016**

Signature