

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Rebuilding America Now		FEC IDENTIFICATION NUMBER ▼ C C00618876																									
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report ☒ Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>8</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>1</td><td>7</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>		M	M		0	8		D	D		1	7		Y	Y	Y	Y	Y	Y	2	0	1	6		
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City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.212																								
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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.

Ryan R. Call Esq.

[Electronically Filed]

Date

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D	D	
1	7	

Y	Y	Y	Y	Y	Y
2	0	1	6		

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Rebuilding America Now		FEC IDENTIFICATION NUMBER ▼ C C00618876	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2016	

Full Name of Payee MULTI MEDIA SERVICES CORPORATION MEDIA PLACEMENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2016	
Mailing Address 915 KING STREET 2ND FLOOR		Amount 123920.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.214
Purpose of Expenditure MEDIA	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2016	
Name of Federal Candidate DONALD J. TRUMP		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶ _____	
		11392865.25	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	123920.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	3616620.00

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Date

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08 / 17 / 2016

Signature