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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
GREAT AMERICA PÁC	
	C C00608489
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
RRTVMEDIA, LLC	05
Mailing Address P.O. BOX 36819	Amount
City State Zip Code	15000.00
CANTON OH 44735	Transaction ID : SE24.118291 Date of Disbursement or Obligation
Purpose of Expenditure TELEVISION ADVERTISING Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J, , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	orsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
· ·	4 4
(c) TOTAL Independent Expenditures	15000.00
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.	
24.0	05
Signature	