

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

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC
FEC IDENTIFICATION NUMBER C C00608489
Check if [X] 24-hour report [] 48-hour report [] New report [X] Amends report filed on 04 / 26 / 2016

Full Name of Payee ELEVENTY MARKETING GROUP, LLC
Mailing Address 453 S HIGH ST SUITE 101
City AKRON State OH Zip Code 44311
Purpose of Expenditure ONLINE ADVERTISING - NATIONALLY DISTRIBUTED
Category/Type

Date of Public Distribution/Dissemination 04 / 26 / 2016
Amount 2831.28
Transaction ID : SE24.83818
Date of Disbursement or Obligation 04 / 25 / 2016

Name of Federal Candidate DONALD J. TRUMP
[X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 788675.69

Office Sought: [] House [X] President [] Senate
Disbursement For: [] Primary [] General [X] Other (specify) Convention

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate
[] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Office Sought: [] House [] Senate
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 2831.28; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures

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 05 / 26 / 2016
Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE24.83818

The Committee's contract with the vendor was terminated on 5/26/16, and the unspent balance of the initial payment was returned. This report amended to reflect the reduction in the final amount paid.

Form/Schedule:

Transaction ID: