

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

 PAGE 1 OF 2  
 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>CAMPAIGN SOLUTIONS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 01 / 2017</b>	
Mailing Address <b>117 N SAINT ASAPH ST</b>		Amount <b>100000.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.97076</b>
Purpose of Expenditure <b>ESTIMATED FEBRUARY ONLINE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 01 / 2017</b>
Name of Federal Candidate <b>TRUMP, DONALD, J, ,</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>130000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INFOCISION MANAGEMENT CORPORATION</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 01 / 2017</b>	
Mailing Address <b>325 SPRINGSIDE DRIVE</b>		Amount <b>25000.00</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	Transaction ID : <b>SE24.97077</b>
Purpose of Expenditure <b>ESTIMATED FEBRUARY TELEPHONE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 01 / 2017</b>
Name of Federal Candidate <b>TRUMP, DONALD, J, ,</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>130000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>125000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

Backer, Dan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 03 / 2017**

Signature

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PAGE	2	OF	2
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 <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <b>POLITICAL LIST BROKERS LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>107 S WEST ST</b> <b>PMB 826</b>		Amount <input type="text"/>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314-2824</b>	Transaction ID : <b>SE24.97078</b>
Purpose of Expenditure <b>ESTIMATED FEBRUARY ONLINE VOTER CONTACT</b>		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>TRUMP, DONALD, J, ,</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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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.

Backer, Dan, , ,

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Date

 /  / 

Signature