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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
GREAT AMERICA PAC	C C00608489
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE TRANSACTION ID# SE24.149572	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 932441	Amount
City State Zip Code	24275.22
CLEVELAND OH 44193 T	ransaction ID: SE24.149764 Date of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTACT Category/ Type	01 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District:
TRUMP, DONALD, J, , Oppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y 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 S	Sought: House District:
Oppose Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify) ▶
	(-r))
(a) SUBTOTAL of Itemized Independent Expenditures	24275.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	24275.22
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 01	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	