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

| S | chedule E) | | PAGE 1 OF 3 FOR SE OF FORM 24/48 | |
|---|---|---------------------|---|--|
| NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ | | | | |
| GREAT AMERICA PÁC | | | | |
| | | | C C00608489 | |
| Check if 24-hour report X 48-hour report New report Amends report filed on | | | | |
| | Full Name of Payee | | Date of Public Distribution/Dissemination | |
| | INFOCISION MANAGEMENT CORPORATIO | N | 05 01 Y Y Y Y Y Y | |
| | Mailing Address 325 SPRINGSIDE DR | | Amount | |
| | City State | Zip Code | 15473.44 | |
| | AKRON OH | 44333 | Transaction ID : SE24.83980 Date of Disbursement or Obligation | |
| | Purpose of Expenditure OUTBOUND VOTER CONTACT CALLS | Category/ Type | 05 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | Name of Federal Candidate | X Support | Office Sought: House District: | |
| | DONALD J. TRUMP | Oppose | President Senate State: | |
| | Calendar Year-To-Date Per Election for Office Sought | 691893.44 | Disbursement For: | |
| | Full Name of Payee | | Date of Public Distribution/Dissemination | |
| | INFOCISION MANAGEMENT CORPORATION | | 05 13 2016 | |
| | Mailing Address 325 SPRINGSIDE DR | | 30 10 2010 | |
| | | | Amount | |
| | City State | Zip Code | 50000.00 | |
| | AKRON OH | 44333 | Transaction ID : SE24.83983 Date of Disbursement or Obligation | |
| | Purpose of Expenditure ESTIMATED MAY OUTBOUND VOTER CONTACT CALLS | Category/ Type | 05 / 13 / 2016 | |
| | Name of Federal Candidate | X Support | Office Sought: House District: | |
| | DONALD J. TRUMP | Oppose | President Senate State: | |
| | Calendar Year-To-Date Per Election for Office Sought | 691893.44 | Disbursement For: Primary General 2016 | |
| | | | Other (specify) - | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | |
| (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 [Electron | nically Filed] Date | 05 13 2016 | |
| | Signature | _ · · · Date | .5 .5 .2510 | |
| | | | | |

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N5 H = C B

Form/Schedule: SE

Transaction ID : SE24.83980

This expenditure was originally budgeted for substantially less than \$10,000, and therefore no estimated was filed at the time of dissemination. The Committee was made aware of the increased costs when the vendor submitted an invoice on 5/12/16.

Form/Schedule: Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | PAGE 3 OF 3 FOR SE OF FORM 24/48 | | | |
|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| GREAT AMERICA PAC | C C00608489 | | | |
| Check if 24-hour report X 48-hour report New report Amends report filed on | | | | |
| Full Name of Payee Date REVILY INC. | e of Public Distribution/Dissemination | | | |
| | 05 13 2016 | | | |
| Mailing Address 3436 MILLER DR. Amo | punt | | | |
| City State Zip Code | 50000.00 | | | |
| | nsaction ID : SE24.83984 e of Disbursement or Obligation | | | |
| Purpose of Expenditure ESTIMATED MAY OUTBOUND VOTER CONTACT CALLS Category/ Type | 05 13 2016 | | | |
| Name of Federal Candidate Support Office Soug | ght: House District: | | | |
| DONALD J. TRUMP Oppose President | dent Senate State: | | | |
| Calendar Year-To-Date Per Election for Office Sought Disburseme 2016 | ent For: | | | |
| Full Name of Payee Date | e of Public Distribution/Dissemination | | | |
| | M M / D D / Y Y Y Y | | | |
| Mailing Address Amo | punt | | | |
| City State Zip Code | | | | |
| Date | e of Disbursement or Obligation | | | |
| Purpose of Expenditure Category/ Type | M = M / D = D / Y = Y = Y | | | |
| Name of Federal Candidate Support Office Sou | ght: House District: | | | |
| Oppose Presi | ident Senate State: | | | |
| Calendar Year-To-Date Per Election for Office Sought Disbursement | ent For: | | | |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 | | | |
| (c) TOTAL Independent Expenditures | 115473.44 | | | |
| 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 | 13 2016 | | | |
| Signature | | | | |