24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 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 file	ed on Mam / Dad / Yayayay
Full Name of Payee X STRATEGIES LLC	Date of Public Distribution/Dissemination
	12 12 2019
Mailing Address 1200 G ST NW SUITE 1800	Amount
City State Zip Code	750.00
WASHINGTON DC 20005	Transaction ID : SE24.152163 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE VOTER CONTACT Category/ Type	12 / 13 / 2019
Name of Federal Candidate Support Office	ce Sought: House District:
TRUMP, DONALD, J., ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disk 2020	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	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	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General
Tot Elocated for Clinice Goodgitt	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	750.00
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	12
Signature	