

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C 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 <div style="float: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee RAPID RESPONSE TELEVISION LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>		
Mailing Address 4850 WRIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px;">100000.00</div>		
City State Zip Code STAFFORD TX 77477		Transaction ID : SE24.83207 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>			
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/Type		<div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>	
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: District: State:			<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">646893.44</div>		
Disbursement For: 2016			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City State Zip Code		Date of Disbursement or Obligation			
Purpose of Expenditure		Category/Type		<div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: District: State:			<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"></div>		
Disbursement For:			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">100000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">100000.00</div>

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
 Signature

[Electronically Filed]

Date

M M M

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D D

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Y Y Y Y Y Y

 05 / 20 / 2016