

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

 PAGE 1 OF 5  
 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>11 / 01 / 2018</b>		
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <b>1000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.145551</b>		
Purpose of Expenditure <b>ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2018</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>2564806.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2018</b>		
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <b>2000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.145552</b>		
Purpose of Expenditure <b>ESTIMATED NOVEMBER 1-6 LIST RENTAL FEES</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2018</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>2564806.32</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>3000.00</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  
**11 / 09 / 2018**

Signature

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

 PAGE 2 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00608489         </div>
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="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2018</div> </div>		
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.145553</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2018</div> </div>		
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE DISTRIBUTION COSTS		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Name of Federal Candidate TRUMP, DONALD, J, ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2564806.32</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►					

Full Name of Payee <b>CONNELL DONATELLI, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2018</div> </div>		
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.145554</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2018</div> </div>		
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Name of Federal Candidate TRUMP, DONALD, J, ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2564806.32</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
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..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

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Backer, Dan, , ,

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Date

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11 / 09 / 2018

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 5  
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>INFOCISION MANAGEMENT CORPORATION</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2018</b>	
Mailing Address <b>P.O. BOX 932441</b>			Amount <b>1000.00</b>	
City <b>CLEVELAND</b>	State <b>OH</b>	Zip Code <b>44193</b>	Transaction ID : <b>SE24.145555</b>	
Purpose of Expenditure <b>ESTIMATED NOVEMBER 1-6 PHONE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2018</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>2564806.32</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>MESSAGE MADE EASY, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2018</b>	
Mailing Address <b>P.O. BOX 230</b>			Amount <b>250.00</b>	
City <b>CANAL FULTON</b>	State <b>OH</b>	Zip Code <b>44614</b>	Transaction ID : <b>SE24.145556</b>	
Purpose of Expenditure <b>ESTIMATED NOVEMBER 1-6 PHONE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2018</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>2564806.32</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>1250.00</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.

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 PAGE 4 OF 5  
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NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00608489       </div>
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>POLITICAL LIST BROKERS, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2018</div> </div>		
Mailing Address 107 S. WEST ST PMB 826			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>		
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : <b>SE24.145557</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2018</div> </div>		Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT		
Name of Federal Candidate TRUMP, DONALD, J, ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>RIGHT COUNTRY LISTS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2018</div> </div>		
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>		
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : <b>SE24.145558</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2018</div> </div>		Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT		
Name of Federal Candidate TRUMP, DONALD, J, ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			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..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1250.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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PAGE	5	OF	5
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 <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M		D	D		Y	Y	Y	Y	Y	Y												
M	M		D	D		Y	Y	Y	Y	Y	Y																

Full Name of Payee <b>RRTVMEDIA, LLC</b>		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>11 / 01 / 2018</b>		M	M		D	D		Y	Y	Y	Y	Y	Y																		
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Mailing Address <b>P.O. BOX 36819</b>		Amount <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>1000.00</b>																															
City <b>CANTON</b>	State <b>OH</b>	Zip Code <b>44735</b>	Transaction ID : <b>SE24.145559</b>																														
Purpose of Expenditure <b>ESTIMATED NOVEMBER 1-6 TELEVISION ADVERTISING</b>		Category/Type <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>11 / 01 / 2018</b>	M	M		D	D		Y	Y	Y	Y	Y	Y												
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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: _____																														
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Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M		D	D		Y	Y	Y	Y	Y	Y												
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Mailing Address		Amount <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
City	State	Zip Code	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M		D	D		Y	Y	Y	Y	Y	Y												
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Purpose of Expenditure		Category/Type <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
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: _____																								
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(a) SUBTOTAL of Itemized Independent Expenditures.....	►	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>1000.00</b>																								
(b) SUBTOTAL of Unitemized Independent Expenditures .....	►	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								
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Backer, Dan, , ,

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Date

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Signature