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

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
GREAT AMERICA PAC	C C00608489
	M M / D D / Y Y Y Y
	mends report filed on
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
Mailing Address 117 N SAINT ASAPH ST.	11 01 2018
TIT IN SAINT AGAITT GT.	Amount
City State Zip Code	1000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.145551 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT Category Type	W M M / D D / Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
TRUMP, DONALD, J, ,	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 2564806.3	Disbursement For: Primary General 2020 Other (specify)
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
Moiling Address	11 / 01 / 2018
Mailing Address 117 N SAINT ASAPH ST.	Amount
City State Zip Code	2000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.145552 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 LIST RENTAL FEES Category Type	W M M / D D / Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
TRUMP, DONALD, J, ,	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 2564806.3	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Signature	Date 11 09 2018
olghatare	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 5 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 fi	led on Man / Dad / Yayayay
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
Mailing Address 117 N SAINT ASAPH ST.	11 01 2018 Amount
City State Zip Code	2000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.145553 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE DISTRIBUTION COSTS Category/ Type	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District:
TRUMP, DONALD, J, ,	X President Senate State:
Odichadi Tali Data	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
CONNELL DONATELLI, INC.	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 NORTH SAINT ASAPH STREET	Amount
City State Zip Code	1000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.145554 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT Category/ Type	11 D D Z Z 2018
Name of Federal Candidate Support O	ffice Sought: House District:
TRUMP, DONALD, J, ,	➤ President Senate State:
	isbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 0	

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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
GREAT AMERICA PAC	C C00608489
Check if 24-hour report	i on Mam / Dad / Yayayay
Full Name of Payee INFOCISION MANAGEMENT CORPORATION	Date of Public Distribution/Dissemination 11 01 2018
Mailing Address P.O. BOX 932441	Amount
City State Zip Code	1000.00
CLEVELAND OH 44193	Transaction ID : SE24.145555 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 PHONE VOTER CONTACT Category/ Type	11
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J, ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2264806.32	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
MESSAGE MADE EASY, LLC	11 01 2018
Mailing Address P.O. BOX 230	Amount
City State Zip Code	250.00
CANAL FULTON OH 44614	Transaction ID : SE24.145556 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 PHONE VOTER CONTACT Category/ Type	11 01 2018
	e Sought: House District:
TRUMP, DONALD, J, ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary General Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) 332.31712 of nonlinear maspondont Exponditures	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	11 09 2018
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC ID	ENTIFICATION NUMBER ▼	
GREAT AMERICA PAC	C00608489	
Check if 24-hour report 48-hour report New report Amends report filed on	D = D / Y = Y = Y	
POLITICAL LIST BROKERS, LLC	Distribution/Dissemination	
Mailing Address 107 S. WEST ST PMB 826 Amount	01 2018	
City State Zip Code	1000.00	
ALEXANDRIA VA 22314 Transaction II	D: SE24.145557 rsement or Obligation	
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT Category/ Type 11	01 / 2018	
Name of Federal Candidate X Support Office Sought:	House District:	
TRUMP, DONALD, J, , Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2564806.32 Other (specific	Primary ✗ General ecify) ▶	
Full Name of Payee RIGHT COUNTRY LISTS Date of Public	Distribution/Dissemination	
Mailing Address 117 NORTH SAINT ASAPH STREET Amount		
City State Zip Code	250.00	
	: SE24.145558 rsement or Obligation	
Purpose of Expenditure ESTIMATED NOVEMBER 1-6 ONLINE VOTER CONTACT Category/ Type 11	01 / 2018	
Name of Federal Candidate	House District:	
TRUMP, DONALD, J, , Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (specific	Primary ✗ General ecify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00	
(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.		
Backer, Dan, , , [Electronically Filed] Date 11 09	2018	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 5 OF 5 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 fi	iled on Man / Dab / Yayayay
Full Name of Payee RRTVMEDIA, LLC	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 36819	11 01 2018 Amount
City State Zip Code CANTON OH 44735	1000.00 Transaction ID : SE24.145559
Purpose of Expenditure ESTIMATED NOVEMBER 1 6 TELEVISION ADVERTISING Category/	Date of Disbursement or Obligation
Name of Foderal Condidate	
TRUMP, DONALD, J, , Support Of Oppose	# President Senate State:
	isbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	ffice Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Date	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y