

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

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 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		
Full Name of Payee CAMPAIGN SOLUTIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018		
Mailing Address 117 N SAINT ASAPH ST.			Amount 8000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.145560 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018		
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 ONLINE VOTER CONTACT		Category/ Type			
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		2697306.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CAMPAIGN SOLUTIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018		
Mailing Address 117 N SAINT ASAPH ST.			Amount 30000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.145561 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018		
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 LIST RENTAL FEES		Category/ Type			
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		2697306.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38000.00		
(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 MM / DD / YYYY 11 / 09 / 2018	
Signature					

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C 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: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee CAMPAIGN SOLUTIONS		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018	
Mailing Address 117 N SAINT ASAPH ST.		Amount 12000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.145562
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 ONLINE DISTRIBUTION COSTS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018
Name of Federal Candidate TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		2697306.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►

Full Name of Payee CONNELL DONATELLI, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018	
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount 8000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.145563 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 ONLINE VOTER CONTACT		Category/ Type	
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		2697306.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 10px;">20000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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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 INFOCISION MANAGEMENT CORPORATION			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018		
Mailing Address P.O. BOX 932441			Amount 22000.00		
City CLEVELAND	State OH	Zip Code 44193	Transaction ID : SE24.145564		
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 PHONE VOTER CONTACT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018		
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		2697306.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee MESSAGE MADE EASY, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018		
Mailing Address P.O. BOX 230			Amount 500.00		
City CANAL FULTON	State OH	Zip Code 44614	Transaction ID : SE24.145565		
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 PHONE VOTER CONTACT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018		
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		2697306.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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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 POLITICAL LIST BROKERS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018	
Mailing Address 107 S. WEST ST PMB 826		Amount 3500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.145566
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 ONLINE VOTER CONTACT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee RIGHT COUNTRY LISTS		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2018	
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount 500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.145567
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 ONLINE VOTER CONTACT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2018
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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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 <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee RRTVMEDIA, LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 36819		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City CANTON	State OH	Zip Code 44735	Amount 48000.00
Purpose of Expenditure ESTIMATED NOVEMBER 7-30 TELEVISION ADVERTISING		Category/Type <input type="text"/>	Transaction ID : SE24.145568
Name of Federal Candidate TRUMP, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount <input type="text"/>
Purpose of Expenditure		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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