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

Schedule E)	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 filed	on M M / D D / Y Y Y Y		
Full Name of Payee CAMPAIGN HQ	Date of Public Distribution/Dissemination		
SEE ESTIMATE TRANSACTION ID#SE24.151473	06 05 2019		
Mailing Address P.O. BOX 257	Amount		
City State Zip Code	10217.60		
BROOKLYN IA 52211	Transaction ID : SE24.151477 Date of Disbursement or Obligation		
Purpose of Expenditure PHONE VOTER CONTACT  Category/ Type	06 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	Sought: House District:		
TRUMP, DONALD , J, ,	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought  Disbut 2492132.76  Disbut 2020	rsement For:		
Full Name of Payee	Date of Public Distribution/Dissemination		
INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE TRANSACTION ID# SE24.150340  M M M M M M M M M M M M M M M M M M M			
Mailing Address P.O. BOX 932441	03 01 2019 Amount		
City State Zip Code	11640.86		
CLEVELAND OH 44193	Transaction ID : SE24.151478  Date of Disbursement or Obligation		
Purpose of Expenditure PHONE VOTER CONTACT  Category/ Type	M = M / D = D / Y = Y = Y = Y = O = O = O = O = O = O =		
Name of Federal Candidate Support Office	Sought: House District:		
TRUMP, DONALD, J, ,	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought  Disbu 2492132.76	rsement For: Primary   General  Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	21858.46		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	1 7 1 7 1 7		
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 06	6 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
GREAT AMERICA PAC	C C00608489		
Check if 24-hour report			
INFOCISION MANAGEMENT CORPORATION	of Public Distribution/Dissemination		
Mailing Address P.O. BOX 932441  Amour			
City State Zip Code	5724.65		
	action ID : SE24.151479 of Disbursement or Obligation		
Purpose of Expenditure	06 07 2019		
Name of Federal Candidate  Support  Office Sought	t: House District:		
TRUMP, DONALD , J, , Oppose Preside	ent Senate State:		
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2020 Ot	t For: Primary <b>X</b> General ther (specify) ▶		
	of Public Distribution/Dissemination		
SEE ESTIMATE TRANSACTION ID# SE24.150340	03 15 2019		
Mailing Address P.O. BOX 932441 Amount	nt		
City State Zip Code	3582.73		
Date of	ction ID : SE24.151480 of Disbursement or Obligation		
	06 / D D D / Y Y Y Y Y Y Y Y		
Name of Federal Candidate    Support  Office Sough	t: House District:		
TRUMP, DONALD , J, , Oppose Preside	ent Senate State:		
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2020  Office Sought	t For: Primary <b>X</b> General ther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	9307.38		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	7 1 7 1 7		
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 Of Of Of Office (Control of the Control of the Cont	07 / 2019		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

S	chedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
V/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
C	GREAT AMERICA PAC	C C00608489	
Check if 24-hour report			
	Full Name of Payee INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE TRANSACTION ID# SE24.150340	Date of Public Distribution/Dissemination	
	Mailing Address P.O. BOX 932441	03 22 2019 Amount	
	City State Zip Code	3294.51	
	CLEVELAND OH 44193	Transaction ID : SE24.151481  Date of Disbursement or Obligation	
	Purpose of Expenditure PHONE VOTER CONTACT  Category/ Type	06 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	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  Disbut 2492132.76	ursement For: Primary   General  Other (specify) ▶	
	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 Offic Oppose	e Sought: House District:	
		ursement For:	
	(a) SUBTOTAL of Itemized Independent Expenditures	3294.51	
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures	34460.35	
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.			
		06 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature		