

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 MM / DD / YYYYYY					
Full Name of Payee INFOCISION MANAGEMENT CORPORATION			Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 01 / 2016		
Mailing Address 325 SPRINGSIDE DR			Amount 300000.00		
City AKRON State OH Zip Code 44333		Transaction ID : SE24.90201 Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 01 / 2016			
Purpose of Expenditure ESTIMATED OUTBOUND VOTER CONTACT CALLS FOR AUGUST		Category/Type 			
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: <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) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought 4996765.19					
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYYYY		
Mailing Address			Amount 		
City _____ State _____ Zip Code _____		Date of Disbursement or Obligation MM / DD / YYYYYY			
Purpose of Expenditure		Category/Type 			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought 					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 300000.00					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ 					
(c) TOTAL Independent Expenditures..... ▶ 300000.00					
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.					
Signature <u>Dan Backer</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYYYY 07 / 26 / 2016		