Schedule E)	PAGE 1 OF 6 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 re	eport filed on
Full Name of Payee BRILLIANT COMMUNICATIONS	Date of Public Distribution/Dissemination
Mailing Address 9305 SCHUBERT COURT	04 01 2019
Walling Address 9305 SCHUBERT COURT	Amount
City State Zip Code	5000.00
VIENNA VA 22182	Transaction ID : SE24.150878  Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED APRIL TELEVISION ADVERTISING  Category/ Type	04 DD / 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, , Oppose	🗶 President Senate State:
Calendar Year-To-Date Per Election for Office Sought 1640866.81	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN SOLUTIONS	04
Mailing Address 117 N SAINT ASAPH ST.	Amount
City State Zip Code	20000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.150869  Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED APRIL ONLINE VOTER CONTACT  Category/ Type	04 / 01 / 2019
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	Disbursement For:  Primary  General 2020
(a) SUBTOTAL of Itemized Independent Expenditures	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····· <b>&gt;</b>
(c) TOTAL Independent Expenditures	····· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen party committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Date Signature	ate 04 02 2019
Olgitaturo	

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 Y
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
Mailing Address 117 N SAINT ASAPH ST.	04 01 2019 Amount
City State Zip Code	15000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.150870 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED APRIL LIST RENTAL FEES  Category/ Type	04 01 2019
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 2020	ursement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN SOLUTIONS	04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 N SAINT ASAPH ST.	Amount
City State Zip Code	15000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.150871 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED APRIL ONLINE DISTRIBUTION COSTS  Category/ Type	04 01 / 2019
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J, , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	ursement For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	• • •
24.0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LXI LIND	TOTILO		PAGE 3 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
GREAT AMERICA PAC				C C00608489
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee CONNELL DONATELLI, INC.			Date	e of Public Distribution/Dissemination
Mailing Address 117 N SAINT ASAPH ST.			Amo	04 01 2019 punt
City	State	Zip Code		20000.00
ALEXANDRIA	VA	22314		nsaction ID : SE24.150872 e of Disbursement or Obligation
Purpose of Expenditure ESTIMATED APRIL ONLINE VOTER CONTACT		Category/ Type		04 01 7 2019
Name of Federal Candidate		<b>x</b> Support	Office Sou	ght: House District:
TRUMP, DONALD, J, ,		Oppose	<b>✗</b> Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	1640866.81	Disburseme 2020	ent For: Primary ★ General Other (specify) ►
Full Name of Payee CONNELL DONATELLI, INC.			Date	e of Public Distribution/Dissemination
Mailing Address 117 N SAINT ASAPH ST.			Amo	04 02 2019 punt
City	State	Zip Code	— r	5625.00
ALEXANDRIA	VA	22314		saction ID : SE24.150888 e of Disbursement or Obligation
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type		04 02 / 2019
Name of Federal Candidate		<b>x</b> Support	Office Sou	ght: House District:
TRUMP, DONALD, J, ,		Oppose	<b>X</b> Pres	
Calendar Year-To-Date Per Election for Office Sought	, ,	1640866.81	Disbursem 2020	ent For: Primary ★ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S		, [	25625.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			
(c) TOTAL Independent Expenditures			• [	7 7 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, , , Signature	[Electron	ically Filed] Date	, 04	02 / 2019

Schedule E)	PAGE 4 OF 6 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 Y
Full Name of Payee INFOCISION MANAGEMENT CORPORATION	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 932441	04 01 2019 Amount
City State Zip Code CLEVELAND OH 44193	35000.00 Transaction ID : SE24.150873
Purpose of Expenditure ESTIMATED APRIL PHONE VOTER CONTACT  Category/ Type	Date of Disbursement or Obligation  M M M O1 2019
	Sought: House District:
TRUMP, DONALD, J, , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	orsement For: Primary   General  Other (specify) ▶
Full Name of Payee MESSAGE MADE EASY, LLC	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 230	Amount
City State Zip Code CANAL FULTON OH 44614	1000.00 Transaction ID : SE24.150874
Purpose of Expenditure ESTIMATED APRIL PHONE VOTER CONTACT  Category/ Type	Date of Disbursement or Obligation  M M M / D D / 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, , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	36000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may 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.	
	4 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 5 OF 6 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼			
GREAT AMERICA PAC	C C00608489			
Check if 24-hour report	M / D = D / Y = Y = Y = Y			
POLITICAL LIST BROKERS, LLC				
Mailing Address 107 S. WEST ST  Amount				
PMB 826				
	10000.00 ction ID : SE24.150875			
Purpose of Expenditure  Category/	Disbursement or Obligation  M / 01			
Name of Federal Candidate  X Support Office Sought:	House District:			
TRUMP, DONALD, J, ,  Oppose  TRUMP, DONALD, J, ,				
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2020 Othe	For: Primary <b>X</b> General er (specify) ▶			
Full Name of Payee RIGHT COUNTRY LISTS  Date of				
Mailing Address 117 N SAINT ASAPH ST.  Amount				
City State Zip Code	1000.00			
Date of	tion ID : SE24.150876 Disbursement or Obligation			
Purpose of Expenditure ESTIMATED APRIL ONLINE VOTER CONTACT  Category/ Type				
Name of Federal Candidate   X Support Office Sought:	House District:			
TRUMP, DONALD, J, , Oppose Presiden				
Calendar Year-To-Date Per Election for Office Sought  Disbursement I 2020 Oth	For: Primary <b>X</b> General er (specify) ►			
(a) SUBTOTAL of Itemized Independent Expenditures	11000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	4 1 4 1 4			
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 O4	02 / 2019			

**PAGE** OF 6 (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ GREAT AMERICA PAC C00608489 24-hour report **✗** 48-hour report X New report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination RRTVMEDIA, LLC 04 2019 01 Mailing Address 3948 3RD STREET S Amount SUITE 18 State Zip Code City 97000.00 FL 32250 Transaction ID : SE24.150877 JACKSONVILLE BEACH Date of Disbursement or Obligation Purpose of Expenditure Category/ **ESTIMATED APRIL TELEVISION ADVERTISING** 04 01 2019 Type Name of Federal Candidate Office Sought: **✗** Support House District: TRUMP, DONALD, J,, Oppose President Senate State: **✗** General Disbursement For: Primary Calendar Year-To-Date 2020 1640866.81 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: . Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 97000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... 224625.00 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. Backer, Dan, , , [Electronically Filed] 04 02 2019 Date Signature