

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

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>BRILLIANT COMMUNICATIONS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2019		
Mailing Address 9305 SCHUBERT COURT			Amount 5000.00		
City VIENNA	State VA	Zip Code 22182	Transaction ID : SE24.150878		
Purpose of Expenditure ESTIMATED APRIL TELEVISION ADVERTISING		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2019		
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 1640866.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2019		
Mailing Address 117 N SAINT ASAPH ST.			Amount 20000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.150869		
Purpose of Expenditure ESTIMATED APRIL ONLINE VOTER CONTACT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2019		
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 1640866.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	25000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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, , ,

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04 / 02 / 2019

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 01 / 2019</b>		
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <b>15000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.150870</b>		
Purpose of Expenditure <b>ESTIMATED APRIL LIST RENTAL FEES</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 01 / 2019</b>		
Name of Federal Candidate <b>TRUMP, DONALD, J. ,</b>		<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		<b>1640866.81</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 01 / 2019</b>		
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <b>15000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.150871</b>		
Purpose of Expenditure <b>ESTIMATED APRIL ONLINE DISTRIBUTION COSTS</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 01 / 2019</b>		
Name of Federal Candidate <b>TRUMP, DONALD, J. ,</b>		<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		<b>1640866.81</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>30000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>CONNELL DONATELLI, INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 01 / 2019</b>		
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <b>2000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.150872</b>		
Purpose of Expenditure <b>ESTIMATED APRIL ONLINE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 01 / 2019</b>		
Name of Federal Candidate <b>TRUMP, DONALD, J. ,</b>		<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		<b>1640866.81</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>CONNELL DONATELLI, INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 02 / 2019</b>		
Mailing Address <b>117 N SAINT ASAPH ST.</b>			Amount <b>5625.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.150888</b>		
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 02 / 2019</b>		
Name of Federal Candidate <b>TRUMP, DONALD, J. ,</b>		<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		<b>1640866.81</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>25625.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

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NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORPORATION</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2019		
Mailing Address P.O. BOX 932441			Amount 35000.00		
City CLEVELAND	State OH	Zip Code 44193	Transaction ID : SE24.150873		
Purpose of Expenditure ESTIMATED APRIL PHONE VOTER CONTACT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2019		
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 <b>MESSAGE MADE EASY, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2019		
Mailing Address P.O. BOX 230			Amount 1000.00		
City CANAL FULTON	State OH	Zip Code 44614	Transaction ID : SE24.150874		
Purpose of Expenditure ESTIMATED APRIL PHONE VOTER CONTACT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2019		
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	36000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 6  
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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 <b>RRTVMEDIA, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 01 / 2019</b>		
Mailing Address <b>3948 3RD STREET S</b> <b>SUITE 18</b>			Amount <b>97000.00</b>		
City <b>JACKSONVILLE BEACH</b>	State <b>FL</b>	Zip Code <b>32250</b>	Transaction ID : <b>SE24.150877</b>		
Purpose of Expenditure <b>ESTIMATED APRIL TELEVISION ADVERTISING</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 01 / 2019</b>		
Name of Federal Candidate <b>TRUMP, DONALD, J, ,</b>		<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		<b>1640866.81</b>	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 MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
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			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>97000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>224625.00</b>

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.

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