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

Schedule E)	PAGE 1 OF 5 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	s report filed on
Full Name of Payee BRILLIANT COMMUNICATIONS	Date of Public Distribution/Dissemination
	11 01 7 2017
Mailing Address 9305 SCHUBERT COURT	Amount
City State Zip Code	15000.00
VIENNA VA 22182	Transaction ID : SE24.108799 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER MAIL VOTER CONTACT Category/ Type	11
Name of Federal Candidate Suppo	ort Office Sought: House District:
TRUMP, DONALD, J, ,	se President Senate State:
Calendar Year-To-Date Per Election for Office Sought 1860761.44	Disbursement For: Primary ■ General 2020 Other (specify) ■
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN SOLUTIONS	11 01 2017
Mailing Address 117 N SAINT ASAPH ST.	Amount
City State Zip Code	30000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.108800 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER ONLINE VOTER CONTACT Category/ Type	11
Name of Federal Candidate Supp	oort Office Sought: House District:
TRUMP, DONALD, J, ,	ose
Calendar Year-To-Date Per Election for Office Sought 1860761.44	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	45000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agparty committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Signature	Date 11 01 2017
Signature	

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

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
GREAT AMERICA PÁC			
	C C00608489		
Check if 24-hour report			
Full Name of Payee	Date of Public Distribution/Dissemination		
CAMPAIGN SOLUTIONS	M M / D D / Y Y Y		
Mailing Address 117 N SAINT ASAPH ST.	11 01 2017		
TIT IN GAINT AGAITTGT.	Amount		
City State Zip Code	20000.00		
ALEXANDRIA VA 22314	Transaction ID : SE24.108801		
	Date of Disbursement or Obligation		
Purpose of Expenditure ESTIMATED NOVEMBER LIST RENTAL FEES Category/ Type	11 / 01 / 2017		
Name of Federal Candidate Support Office	e Sought: House District:		
TRUMP, DONALD, J, , Oppose	President Senate State:		
Calendar Year-To-Date Disb	pursement For: Primary X General		
Per Election for Office Sought 1860761.44 2020	Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
CAMPAIGN SOLUTIONS	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 117 N SAINT ASAPH ST.	2017		
	Amount		
City State Zip Code	20000.00		
ALEXANDRIA VA 22314	Transaction ID : SE24.108802		
Purpose of Expenditure	Date of Disbursement or Obligation		
ESTIMATED NOVEMBER ONLINE DISTRIBUTION COSTS Category/ Type	11 01 2017		
Name of Federal Candidate Support Office	ce Sought: House District:		
TRUMP, DONALD, J, , Oppose			
	pursement For: Primary X General		
Per Election for Office Sought 1860761.44			
	The second secon		
(a) SUBTOTAL of Itemized Independent Expenditures	40000.00		
	7 7 7		
(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.			
En A recognition from Security			
Backer, Dan, , ,	M / D D / Y Y Y Y		
Signature [Electronically Filed] Date	11 01 2017		

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

Schedule E)	FOR SE OF FORM 24/48		
IAME 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			
Full Name of Payee CONNELL DONATELLI, INC.	Date of Public Distribution/Dissemination		
· ·	11 01 2017		
Mailing Address P.O. BOX 1877	Amount		
City State Zip Code	5000.00		
ALEXANDRIA VA 22313	Transaction ID : SE24.108803 Date of Disbursement or Obligation		
Purpose of Expenditure ESTIMATED NOVEMBER ONLINE VOTER CONTACT Category/ Type	11 01 / 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 2020	ursement For: Primary General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
INFOCISION MANAGEMENT CORPORATION	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address P.O. BOX 932441	Amount		
City State Zip Code	15000.00		
CLEVELAND OH 44193	Transaction ID : SE24.108804		
Purpose of Expenditure ESTIMATED NOVEMBER BHONE VOTER CONTACT Category/	Date of Disbursement or Obligation		
ESTIMATED NOVEMBER PHONE VOTER CONTACT Type	11 01 2017		
	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)		
(a) SUBTOTAL of Itemized Independent Expenditures	20000.00		
(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.	· · · · · · · · · · · · · · · · · · ·		
	1 01 2017		
Signature			

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

Schedule E)	FOR SE OF FORM 24/48
IAME 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	i on Mam / Dad / Yayayay
Full Name of Payee MESSAGE MADE EASY, LLC	Date of Public Distribution/Dissemination
· ·	11 01 2017
Mailing Address P.O. BOX 230	Amount
City State Zip Code	5000.00
CANAL FULTON OH 44614	Transaction ID : SE24.108805 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER PHONE VOTER CONTACT Category/ Type	11 01 / 2017
Name of Federal Candidate Support Offic	e Sought: House District:
TRUMP, DONALD, J, ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
POLITICAL LIST BROKERS, LLC	11 01 2017
Mailing Address 107 S. WEST ST PMB 826	
PMB 826	Amount
City State Zip Code	5000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.108806 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER ONLINE VOTER CONTACT Category/ Type	11 01 / 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 Disb 2020	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me 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.	•
	11 01 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)

Schedule E)		PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
GREAT AMERICA PAC		C C00608489
Check if 24-hour report	Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee RIGHT COUNTRY LISTS		Date of Public Distribution/Dissemination
Mailing Address 117 NORTH SAINT ASAPH STREET		11 01 2017 Amount
City State Zi	ip Code	5000.00
ALEXANDRIA VA 2	2314	Transaction ID : SE24.108807 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED NOVEMBER ONLINE VOTER CONTACT	Category/ Type	11 01 / 2017
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 2020	rrsement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		M = M / D = D / Y = Y = Y = Y
		Amount
City State Z	ip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate	Support Office	e Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbu	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	120000.00
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Backer, Dan, , , [Electronica	ally Filed] Date 1	
Signature	_	