

PAGE	1	OF	3
FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
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Form/Schedule: SE

Transaction ID : SE24.102116

SUB-VENDOR OF FRONTLINE STRATEGIES. PAID USING VENDOR CREDIT.

Form/Schedule:

Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
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>MESSAGE MADE EASY, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 21 / 2017</b>	
Mailing Address <b>P.O. BOX 230</b>		Amount <b>315.24</b>	
City <b>CANAL FULTON</b>	State <b>OH</b>	Zip Code <b>44614</b>	Transaction ID : <b>SE24.102117</b>
Purpose of Expenditure <b>RINGLESS VOICEMAILS</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 21 / 2017</b>	
Name of Federal Candidate <b>HANDEL, KAREN, CHRISTINE, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2857.33</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2017 <input checked="" type="checkbox"/> Other (specify) ▶ <b>GA-06 Special</b>	

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>315.24</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>2857.33</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.

Backer, Dan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 21 / 2017**

Signature