

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

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00608489       </div>
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>BRILLIANT COMMUNICATIONS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2017</div> </div>	
Mailing Address 9305 SCHUBERT CT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City VIENNA	State VA	Zip Code 22182	<b>Transaction ID : SE24.97190</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2017</div> </div>	
Purpose of Expenditure ESTIMATED MARCH DIRECT MAIL COSTS		Category/ Type		
Name of Federal Candidate TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">308001.23</div>			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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2017</div> </div>	
Mailing Address 117 N SAINT ASAPH ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.97189</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2017</div> </div>	
Purpose of Expenditure ESTIMATED MARCH ONLINE VOTER CONTACT		Category/ Type		
Name of Federal Candidate TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">308001.23</div>			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..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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  
03 / 02 / 2017

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
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>INFOCISION MANAGEMENT CORPORATION</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 01 / 2017</b>		
Mailing Address <b>325 SPRINGSIDE DRIVE</b>			Amount <b>10000.00</b>		
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	Transaction ID : <b>SE24.97191</b>		
Purpose of Expenditure <b>ESTIMATED MARCH TELEPHONE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2017</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>308001.23</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>POLITICAL LIST BROKERS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 01 / 2017</b>		
Mailing Address <b>107 S WEST ST</b> <b>PMB 826</b>			Amount <b>5000.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314-2824</b>	Transaction ID : <b>SE24.97192</b>		
Purpose of Expenditure <b>ESTIMATED MARCH ONLINE VOTER CONTACT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2017</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>308001.23</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>15000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>35000.00</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.

Backer, Dan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 02 / 2017**

Signature