

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C 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: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee CASTLE BLACK			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 09 / 2017</div>		
Mailing Address 117 NORTH SAINT ASAPH ST.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">6000.00</div>		
City State Zip Code ALEXANDRIA VA 22314		Transaction ID : SE24.104854 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 15 / 2017</div>			
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1508483.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee CASTLE BLACK			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 09 / 2017</div>		
Mailing Address 117 NORTH SAINT ASAPH ST.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">6750.00</div>		
City State Zip Code ALEXANDRIA VA 22314		Transaction ID : SE24.104855 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 15 / 2017</div>			
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
Name of Federal Candidate TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1508483.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">12750.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;"></div> </div> </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, , , Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">08 / 10 / 2017</div>		

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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 <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee CONNELL DONATELLI, INC.		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 1877		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE24.104853
Purpose of Expenditure ONLINE VOTER CONTACT	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate TRUMP, DONALD, J. ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure	Category/Type <input type="text"/>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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Backer, Dan, , ,

[Electronically Filed]

Date

 / /

Signature