

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

 PAGE 1 OF 1  
 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 <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>CONNELL DONATELLI, INC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">07</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">20</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Mailing Address <b>PO BOX 1877</b>			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1000.00</table>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>SE24.90190</b>	
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">07</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">27</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Name of Federal Candidate <b>DONALD J TRUMP</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		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">4399194.38</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>LIVEINTENT, INC.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">07</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">25</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Mailing Address <b>100 CHURCH STREET</b> <b>FLOOR 7</b>			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">6000.00</table>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10007</b>	Transaction ID : <b>SE24.90191</b>	
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">07</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">22</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Name of Federal Candidate <b>DONALD J TRUMP</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		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">4399194.38</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">7000.00</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">7000.00</table>

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.

Dan Backer

[Electronically Filed]

Date

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Signature