

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	

Full Name of Payee CONNELL DONATELLI, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2018		
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount 1000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.135771		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2018		
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		1761467.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee CONNELL DONATELLI, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2018		
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount 1000.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.135770		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 23 / 2018		
Name of Federal Candidate TRUMP, DONALD, J, ,		<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		1761467.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not 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
08 / 23 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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PAGE	2	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	

Full Name of Payee RRTVMEDIA, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2018	
Mailing Address P.O. BOX 36819		Amount 15000.00	
City CANTON	State OH	Zip Code 44735	Transaction ID : SE24.135772
Purpose of Expenditure TELEVISION ADVERTISING	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2018	
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 1761467.95		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ 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 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	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	17000.00

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, , ,

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Date

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08 / 23 / 2018

Signature