

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GREAT AMERICA PAC

ADDRESS (number and street)

107 S West St

Suite 555

Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00608489

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2019

through

M M M / D D D / Y Y Y Y Y Y
01 31 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Backer, Dan, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Backer, Dan, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 20 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GREAT AMERICA PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		1431282.42
(b) Cash on Hand at Beginning of Reporting Period.....	1431282.42	
(c) Total Receipts (from Line 19)	372864.18	372864.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1804146.60	1804146.60
7. Total Disbursements (from Line 31)	496366.25	496366.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1307780.35	1307780.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GREAT AMERICA PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2019

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2019

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

33150.00

33150.00

(ii) Unitemized

339650.57

339650.57

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

372800.57

372800.57

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

372800.57

372800.57

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

63.61

63.61

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

372864.18

372864.18

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

372864.18

372864.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	57729.64	57729.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	57729.64	57729.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	432553.58	432553.58
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	670.00	670.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	670.00	670.00
29. Other Disbursements (Including Non-Federal Donations).....	413.03	413.03
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	496366.25	496366.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	496366.25	496366.25

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	372800.57	372800.57
34. Total Contribution Refunds (from Line 28(d))	670.00	670.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	372130.57	372130.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	57729.64	57729.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	63.61	63.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	57666.03	57666.03

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. AMUNDSON, FRED, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2910 E 16TH ST APT 113 City DES MOINES State IA Zip Code 50316-1890 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 04 / 2019 Transaction ID : SA11A.1645760 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Memo Item CONTRIBUTION
B. AUSMAN, JAMES, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 70-950 FAIRWAY DRIVE City RANCHO MIRAGE State CA Zip Code 92270-2606 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) LA COUNTY Occupation (for Individual) PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2019 Transaction ID : SA11A.1645286 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION
C. BARNES, DURHAM, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2509 INDIAN TRAIL City AUSTIN State TX Zip Code 78703-2339 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 29 / 2019 Transaction ID : SA11A.1645287 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶			800.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BINDER, CHARLES, , ,

Mailing Address **3 RIDGE FARM RD**

City
WILLOWBROOK

State
IL

Zip Code
60527-5180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2019

Transaction ID : SA11A.1644605

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BLUNT, JOHN, , ,

Mailing Address **ADDRESS**

City
LOGANSPOUT

State
LA

Zip Code
71049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2019

Transaction ID : SA11A.1641893

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BRUMMET, JUDY, , ,

Mailing Address **3710 ARROYO DR.**

City
CASPER

State
WY

Zip Code
82604-4960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 30 / 2019

Transaction ID : SA11A.1650272

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BUSCH, PETER, , ,

Mailing Address 5300 GLADES CUT OFF RD

City
FORT PIERCE

State
FL

Zip Code
34981-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2019

Transaction ID : SA11A.1647935

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CLAYTON, SANDRA, , ,

Mailing Address 4626 WOODDALE LN

City
PELHAM

State
AL

Zip Code
35124-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2019

Transaction ID : SA11A.1645679

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CLAYTON, SANDRA, , ,

Mailing Address 4626 WOODDALE LN

City
PELHAM

State
AL

Zip Code
35124-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2019

Transaction ID : SA11A.1647691

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CLAYTON, SANDRA, , ,

Mailing Address **4626 WOODDALE LN**

City
PELHAM

State
AL

Zip Code
35124-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 31 / 2019

Transaction ID : SA11A.1650413

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. COARSEY, RALEIGH, , ,

Mailing Address **P.O. BOX 147**

City

BROOKFIELD

State

GA

Zip Code

31727-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 15 / 2019

Transaction ID : SA11A.1647785

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. COARSEY, RALEIGH, , ,

Mailing Address **P.O. BOX 147**

City

BROOKFIELD

State

GA

Zip Code

31727-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 10 / 2019

Transaction ID : SA11A.1647855

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. COARSEY, RALEIGH, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2019 Transaction ID : SA11A.1649778	
Mailing Address P.O. BOX 147			Amount of Each Receipt this Period 100.00	
City BROOKFIELD	State GA	Zip Code 31727-0147	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00	
Name of Employer (for Individual) RETIRED			Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. COOK, MARGARETTE, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 07 / 2019 Transaction ID : SA11A.1645953	
Mailing Address 1400 ORTEGA ST			Amount of Each Receipt this Period 250.00	
City SAN FRANCISCO	State CA	Zip Code 94122-4436	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00	
Name of Employer (for Individual) INFORMATION REQUESTED			Occupation (for Individual) INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DAVIS, STEPHEN, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2019 Transaction ID : SA11A.1643539	
Mailing Address 500 SEAWALL BLVD. 1015			Amount of Each Receipt this Period 250.00	
City GALVESTON	State TX	Zip Code 77550-5526	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 350.00	
Name of Employer (for Individual) RETIRED			Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....			600.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 71
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PACFull Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAVIS, STEPHEN, , ,Mailing Address 500 SEAWALL BLVD.
1015City
GALVESTONState
TXZip Code
77550-5526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2019

Transaction ID : SA11A.1644578

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DIAZ, GLENN, , ,

Mailing Address 201 SABLE DR.

City
ARABIState
LAZip Code
70032-1936FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2019

Transaction ID : SA11A.1650295

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. EDMONDS, DORIS, , ,

Mailing Address 345 WARRENTON SHORES DR.

City
GUNTERSVILLEState
ALZip Code
35976-6132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2019

Transaction ID : SA11A.1645298

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRANK, LYNN, , ,

Mailing Address 8131 CALICO ST

City
 SAN DIEGO

State
 CA

Zip Code
 92126-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 INFORMATION REQUESTED

Occupation (for Individual)
 IN HOME SUPPORT PROVIDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 06 / 2019

Transaction ID : SA11A.1642068

Amount of Each Receipt this Period

15.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRANK, LYNN, , ,

Mailing Address 8131 CALICO ST

City
 SAN DIEGO

State
 CA

Zip Code
 92126-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 INFORMATION REQUESTED

Occupation (for Individual)
 IN HOME SUPPORT PROVIDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 24 / 2019

Transaction ID : SA11A.1644526

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANK, LYNN, , ,

Mailing Address 8131 CALICO ST

City
 SAN DIEGO

State
 CA

Zip Code
 92126-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 INFORMATION REQUESTED

Occupation (for Individual)
 IN HOME SUPPORT PROVIDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2019

Transaction ID : SA11A.1644956

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FRANK, LYNN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 28 / 2019 Transaction ID : SA11A.1644957	
Mailing Address 8131 CALICO ST			Amount of Each Receipt this Period 25.00	
City SAN DIEGO	State CA	Zip Code 92126-3109	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 25.00	
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) IN HOME SUPPORT PROVIDER	<input type="checkbox"/> Memo Item CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FRANK, LYNN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 28 / 2019 Transaction ID : SA11A.1645266	
Mailing Address 8131 CALICO ST			Amount of Each Receipt this Period 100.00	
City SAN DIEGO	State CA	Zip Code 92126-3109	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) IN HOME SUPPORT PROVIDER	<input type="checkbox"/> Memo Item CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GARGIULO, EDWARD, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2019 Transaction ID : SA11A.1644040	
Mailing Address 3 LORETTA COURT			Amount of Each Receipt this Period 250.00	
City WESTPORT	State CT	Zip Code 06880-6121	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional).....			375.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIFFIN, CHERYL, , ,

Mailing Address 3296 HOLLOW CORNERS RD

City
 DRYDEN

State
 MI

Zip Code
 48428-9729

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2019

Transaction ID : SA11A.1644606

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAIRE, WILLIAM, , ,

Mailing Address 137 PUBLIC SQ

City
 BATESVILLE

State
 MS

Zip Code
 38606-2127

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 INFORMATION REQUESTED

Occupation (for Individual)
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 04 / 2019

Transaction ID : SA11A.1646332

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANSEN, EUNICE, , ,

Mailing Address W8651 STATE ROAD 11

City
 DELAVAN

State
 WI

Zip Code
 53115-2852

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 INFORMATION REQUESTED

Occupation (for Individual)
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 14 / 2019

Transaction ID : SA11A.1647936

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

850.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANSEN, WESLEY, , ,

Mailing Address 502 FIVEASH OAK

City
PRATTVILLE

State
AL

Zip Code
36066-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLERGY

Occupation (for Individual)
CLERGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2019

Transaction ID : SA11A.1649481

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HATLEY, BILL, , ,

Mailing Address 2711 CANYON OAKS CT

City
TEMPLE

State
TX

Zip Code
76502-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 05 / 2019

Transaction ID : SA11A.1642130

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HATLEY, BILL, , ,

Mailing Address 2711 CANYON OAKS CT

City
TEMPLE

State
TX

Zip Code
76502-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2019

Transaction ID : SA11A.1643974

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HATLEY, BILL, , ,

Mailing Address 2711 CANYON OAKS CT

City
 TEMPLE

State
 TX

Zip Code
 76502-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2019

Transaction ID : SA11A.1644977

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HATLEY, BILL, , ,

Mailing Address 2711 CANYON OAKS CT

City
 TEMPLE

State
 TX

Zip Code
 76502-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 28 / 2019

Transaction ID : SA11A.1645213

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HATLEY, BILL, , ,

Mailing Address 2711 CANYON OAKS CT

City
 TEMPLE

State
 TX

Zip Code
 76502-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 15 / 2019

Transaction ID : SA11A.1647788

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HEIL, EDWARD, , ,

Mailing Address 8052 FISHER ISLAND DR.

City
MIAMI BEACH

State
FL

Zip Code
33109-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2019

Transaction ID : SA11A.1648079

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HENDRICKSON, JAMES, , ,

Mailing Address P.O. BOX 5257

City
INCLINE VILLAGE

State
NV

Zip Code
89450-5257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2019

Transaction ID : SA11A.1647928

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HENDRICKSON, JAMES, , ,

Mailing Address P.O. BOX 5257

City
INCLINE VILLAGE

State
NV

Zip Code
89450-5257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2019

Transaction ID : SA11A.1650183

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HENSON, WILLIAM, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2019 Transaction ID : SA11A.1649482	
Mailing Address P.O. BOX 188			Amount of Each Receipt this Period 1000.00	
City OTTER LAKE	State MI	Zip Code 48464-0188	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00	
Name of Employer (for Individual) MANUFACTURING		Occupation (for Individual) INFORMATION REQUESTED	<input type="checkbox"/> Memo Item CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HUNT, SANDRA, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 04 / 2019 Transaction ID : SA11A.1642168	
Mailing Address 924 ASHWORTH PLACE			Amount of Each Receipt this Period 15.00	
City GLENDORA	State CA	Zip Code 91741-1836	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 285.00	
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) BROKER	<input type="checkbox"/> Memo Item CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 285.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HUNT, SANDRA, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 03 / 2019 Transaction ID : SA11A.1642169	
Mailing Address 924 ASHWORTH PLACE			Amount of Each Receipt this Period 25.00	
City GLENDORA	State CA	Zip Code 91741-1836	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 285.00	
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) BROKER	<input type="checkbox"/> Memo Item CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Aggregate Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional).....			1040.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 05 / 2019

Transaction ID : SA11A.1642170

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 07 / 2019

Transaction ID : SA11A.1642672

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 07 / 2019

Transaction ID : SA11A.1642942

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 09 / 2019

Transaction ID : SA11A.1643162

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 18 / 2019

Transaction ID : SA11A.1643699

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 24 / 2019

Transaction ID : SA11A.1644282

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 22 / 2019

Transaction ID : SA11A.1644283

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 27 / 2019

Transaction ID : SA11A.1644284

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HUNT, SANDRA, , ,

Mailing Address **924 ASHWORTH PLACE**

City
GLENDORA

State
CA

Zip Code
91741-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

01 / 26 / 2019

Transaction ID : SA11A.1644285

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. HUNT, SANDRA, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 924 ASHWORTH PLACE City GLENDORA State CA Zip Code 91741-1836 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) BROKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2019 Transaction ID : SA11A.1644286 Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item CONTRIBUTION
B. HUNT, SANDRA, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 924 ASHWORTH PLACE City GLENDORA State CA Zip Code 91741-1836 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) BROKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2019 Transaction ID : SA11A.1644413 Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION
C. HUNT, SANDRA, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 924 ASHWORTH PLACE City GLENDORA State CA Zip Code 91741-1836 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) BROKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2019 Transaction ID : SA11A.1644414 Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶			65.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. HUNT, SANDRA, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 924 ASHWORTH PLACE City GLENDORA State CA Zip Code 91741-1836 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) BROKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2019 Transaction ID : SA11A.1644755 Amount of Each Receipt this Period 10.00 <input type="checkbox"/> Memo Item CONTRIBUTION
B. HUNT, SANDRA, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 924 ASHWORTH PLACE City GLENDORA State CA Zip Code 91741-1836 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) BROKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2019 Transaction ID : SA11A.1644832 Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item CONTRIBUTION
C. HUNT, SANDRA, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 924 ASHWORTH PLACE City GLENDORA State CA Zip Code 91741-1836 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) BROKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2019 Transaction ID : SA11A.1644833 Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶			40.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, VERNON, , ,

Mailing Address 10265 COLLARD DR.

City
 LAKEVIEW

State
 MI

Zip Code
 48850-9143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 21 / 2019

Transaction ID : SA11A.1648486

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, ANITA, , ,

Mailing Address 3501 N CORONADO DR.

City
 ROSWELL

State
 NM

Zip Code
 88201-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 INFORMATION REQUESTED

Occupation (for Individual)
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 14 / 2019

Transaction ID : SA11A.1647939

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAFFKA, PHILIP, , ,

Mailing Address P.O. BOX 91084

City
 HENDERSON

State
 NV

Zip Code
 89009-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 BLDG CONTRACTOR

Occupation (for Individual)
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 05 / 2019

Transaction ID : SA11A.1646346

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. KASSLING, WILLIAM, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address R101 GULF SHORE BLVD NORTH APT 5N City NAPLES State FL Zip Code 34103 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2019 Transaction ID : SA11A.1644041 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION
B. KIRKBRIDE, RYAN, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3962 COUNTY ROAD 238 City MERIDEN State WY Zip Code 82081-9702 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) ASSISTANT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2019 Transaction ID : SA11A.1649601 Amount of Each Receipt this Period 400.00 <input type="checkbox"/> Memo Item CONTRIBUTION
C. LANG, EDWARD, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address P.O. BOX 485 City NARROWSBURG State NY Zip Code 12764-0485 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2019 Transaction ID : SA11A.1648151 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Memo Item CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶			1200.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LAURIE, ANNIE, , ,

Mailing Address 12938 W CASTLE ROCK DR.

City
SUN CITY WEST

State
AZ

Zip Code
85375-4859

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2019

Transaction ID : SA11A.1649897

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOVEALL, DEBBIE, , ,

Mailing Address P.O. BOX 341

City
NASH

State
TX

Zip Code
75569-0341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2019

Transaction ID : SA11A.1647937

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LUCAS, TIM, , ,

Mailing Address 1654 OAK RIDGE

City
DENTON

State
TX

Zip Code
76210-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN AIRLINES

Occupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2019

Transaction ID : SA11A.1645288

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKNIGHT, ROBERT, , ,

Mailing Address 4006 CRYSTAL LAKE CIR N

City
PEARLAND

State
TX

Zip Code
77584-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2019

Transaction ID : SA11A.1647938

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MECHLIN, JAMES, , ,

Mailing Address 1400 ROUTE 66

City
SAN JON

State
NM

Zip Code
88434-9745

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2019

Transaction ID : SA11A.1646195

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, ALAN, , ,

Mailing Address 3098 MUSTANG DR.

City
COLUMBUS

State
GA

Zip Code
31909-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2019

Transaction ID : SA11A.1648139

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

1800.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MILLER, DIANA, , ,

Mailing Address 3500 W RAMSEY ST

City
BANNING

State
CA

Zip Code
92220-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2019

Transaction ID : SA11A.1650053

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MISSEL, JEROME, , ,

Mailing Address 583 HARRIS AVE.

City
WOONSOCKET

State
RI

Zip Code
02895-1872

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 01 / 2019

Transaction ID : SA11A.1642333

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MITCHELL, ANTOINETTE, , ,

Mailing Address P.O. BOX 360

City
OJAI

State
CA

Zip Code
93024-0360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JMAR HOMES INC

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 04 / 2019

Transaction ID : SA11A.1645872

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NEWMAN, DENNIS, , ,

Mailing Address 2500 STAFFORD ROAD

City
 WESTLAKE VILLAGE

State
 CA

Zip Code
 91361-5074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 NEWMAN AND SONS INC

Occupation (for Individual)
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2019

Transaction ID : SA11A.1645274

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NEWMAN, DENNIS, , ,

Mailing Address 2500 STAFFORD ROAD

City
 WESTLAKE VILLAGE

State
 CA

Zip Code
 91361-5074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 NEWMAN AND SONS INC

Occupation (for Individual)
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 28 / 2019

Transaction ID : SA11A.1645289

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. OATES HOLT, JUDITH, , ,

Mailing Address 511 BLACKHAWK CT

City
 LOOMIS

State
 CA

Zip Code
 95650-9458

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 07 / 2019

Transaction ID : SA11A.1645977

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ORENDAIN, TOMAS, , ,			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>01 / 28 / 2019</div> </div>	
Mailing Address 16835 ADDISON ROAD SUITE 100			Transaction ID : SA11A.1645290	
City ADDISON	State TX	Zip Code 75001-5127	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) OPTICAL TELECOMM INC		Occupation (for Individual) INFORMATION REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PATTON, BETTY, , ,			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>01 / 09 / 2019</div> </div>	
Mailing Address 1414 N CIRCLE DIAMOND DR.			Transaction ID : SA11A.1643540	
City ROSWELL	State NM	Zip Code 88201-3445	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PAYA, PATRICK, , ,			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>01 / 17 / 2019</div> </div>	
Mailing Address 505 FIELDSTONE DR.			Transaction ID : SA11A.1648260	
City BOZEMAN	State MT	Zip Code 59715-7112	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) INFORMATION REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. PECK, JOHN, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 01 / 03 / 2019</div> </div> Transaction ID : SA11A.1642390		
Mailing Address 5009 EL SECRETO #829			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
City RANCHO SANTA FE	State CA	Zip Code 92067	<input type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
Name of Employer (for Individual) RETIRED			Occupation (for Individual) RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
B. PETERMAN, MICHAEL, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 01 / 22 / 2019</div> </div> Transaction ID : SA11A.1644607		
Mailing Address 26761 E 870 RD			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
City CASHION	State OK	Zip Code 73016-1657	<input type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
Name of Employer (for Individual) VEENKER RESOURCES			Occupation (for Individual) CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
C. PLACE, JOHN, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 01 / 30 / 2019</div> </div> Transaction ID : SA11A.1645291		
Mailing Address 5710 MARILANE ST			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
City YAKIMA	State WA	Zip Code 98908-2362	<input type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
Name of Employer (for Individual) RETIRED			Occupation (for Individual) RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. RAMBALDI, ELMIRA, , ,

Mailing Address **97 ZACHARY WAY**

City
MOUNT ARLINGTON

State
NJ

Zip Code
07856-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
C N TOOLING INC

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2019

Transaction ID : SA11A.1643541

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. RANKIN, MARIE, , ,

Mailing Address **P.O. BOX F**

City
WAYNE

State
OK

Zip Code
73095-0150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADTECH MOTORS

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2019

Transaction ID : SA11A.1648122

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ROBBINS, BARBARA, , ,

Mailing Address **1734 APPLE BLOSSOM DR.**

City
MUNSTER

State
IN

Zip Code
46321-5180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 15 / 2019

Transaction ID : SA11A.1647940

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 71

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ROGERS, MARY, , ,

Mailing Address 27 WINDSOR DR.

City
 ROCKWALL

State
 TX

Zip Code
 75032-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 28 / 2019

Transaction ID : SA11A.1645292

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. RUGGIERO, TED, , ,

Mailing Address 9714 KINGSVILLE PARK DR.

City
 HOUSTON

State
 TX

Zip Code
 77083-6422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 TRY CLOSTAL RAIDING

Occupation (for Individual)
 ACCOUNT EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 25 / 2019

Transaction ID : SA11A.1650002

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. RUTTER, DAWSON, , ,

Mailing Address 250 EVERETT ST

City
 ALLSTON

State
 MA

Zip Code
 02134-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 COMMONWEALTH WORLDWIDE

Occupation (for Individual)
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 30 / 2019

Transaction ID : SA11A.1645293

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SANSON, JAMES, , ,

Mailing Address 16830 N 12TH ST

City
PHOENIX

State
AZ

Zip Code
85022-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUSIE S MAMA BEAR INC

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2019

Transaction ID : SA11A.1650027

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SCHMIEDER, GEORGE, , ,

Mailing Address P.O. BOX 14379

City
JACKSONVILLE

State
FL

Zip Code
32238-1379

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOCTOR

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2019

Transaction ID : SA11A.1649148

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHEPARD, WARREN, , ,

Mailing Address 735 COUNTY ROAD 70

City
WEISER

State
ID

Zip Code
83672-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2019

Transaction ID : SA11A.1650508

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SLAUGHTER, JAMES, , ,

Mailing Address 2128 KILKENNY DR.

City
PEARLAND

State
TX

Zip Code
77581-5167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
S B ENGINEERS CONSTRUCTORS

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2019

Transaction ID : SA11A.1650045

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STEINKAMP, JEFFREY, , ,

Mailing Address 500 GREAT HAWK ROAD

City
ROCHESTER

State
VT

Zip Code
05767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2019

Transaction ID : SA11A.1642514

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STEINKAMP, JEFFREY, , ,

Mailing Address 500 GREAT HAWK ROAD

City
ROCHESTER

State
VT

Zip Code
05767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2019

Transaction ID : SA11A.1643305

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STEINKAMP, JEFFREY, , ,

Mailing Address 500 GREAT HAWK ROAD

City
ROCHESTER

State
VT

Zip Code
05767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2019

Transaction ID : SA11A.1644609

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STEINKAMP, JEFFREY, , ,

Mailing Address 500 GREAT HAWK ROAD

City
ROCHESTER

State
VT

Zip Code
05767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2019

Transaction ID : SA11A.1645122

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STEINKAMP, JEFFREY, , ,

Mailing Address 500 GREAT HAWK ROAD

City
ROCHESTER

State
VT

Zip Code
05767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2019

Transaction ID : SA11A.1645294

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SWENSON, JOE, , ,

Mailing Address 705 N PINE LAKE RIDGE

City
 SIOUX FALLS

State
 SD

Zip Code
 57110-6221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 DAKOTA WHOLESALE

Occupation (for Individual)
 U S TAXPAYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / **25** / **2019**

Transaction ID : SA11A.1644608

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. TRACEY, JAMES, , ,

Mailing Address 15504 STORM DR.

City
 AUSTIN

State
 TX

Zip Code
 78734-2771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 GSI

Occupation (for Individual)
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / **08** / **2019**

Transaction ID : SA11A.1643542

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. TREVISANI, MARJORIE, , ,

Mailing Address 58 MARDI GRAS RD

City
 CORONADO

State
 CA

Zip Code
 92118-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 RETIRED

Occupation (for Individual)
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / **22** / **2019**

Transaction ID : SA11A.1649142

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. TUREK, DAVID, , ,

Mailing Address **461 MAHANEY RD**

City
KING FERRY

State
NY

Zip Code
13081-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TUREK FARMS

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2019

Transaction ID : SA11A.1650490

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. VANDER JACT, LEONARD, , ,

Mailing Address **421 LAKE MICHIGAN DR. NW**

City
GRAND RAPIDS

State
MI

Zip Code
49534-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 14 / 2019

Transaction ID : SA11A.1647941

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WATT, DIANE, , ,

Mailing Address **212 ASHLEY 440 RD**

City
CROSSETT

State
AR

Zip Code
73635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2019

Transaction ID : SA11A.1650500

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. WELLISH, KENT, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 427 WEDGEWOOD DR. City HENDERSON State NV Zip Code 89014-3786 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) DOCTOR Occupation (for Individual) INFORMATION REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2019 Transaction ID : SA11A.1650117 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		250.00
TOTAL This Period (last page this line number only)..... ▶		33150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. ROLLINS, EDWARD, J., ,Mailing Address 301 EAST 66TH STREET
APT 6 LCity
NEW YORKState
NYZip Code
10065Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
01		09		2019

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 10156 PERKINS ROWE
STE 217FCity
BATON ROUGEState
LAZip Code
70810Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
01		31		2019

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

29.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BEST GUEST MEDIA

Mailing Address P.O. BOX 3034

City
WAYNEState
NJZip Code
07474Purpose of Disbursement
PR SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
01		30		2019

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12029.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
DIGITAL MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.I15011

Amount of Each Disbursement this Period

178.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.I15011

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

4588.46

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4767.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. ELAVON, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2019

Mailing Address TWO CONCOURSE PARKWAY
STE 800City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I15011

Amount of Each Disbursement this Period

3078.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2019

Mailing Address 14455 N HAYDEN RD
STE 219City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I15011

Amount of Each Disbursement this Period

66.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. OLYMPIC MEDIA LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2019

Mailing Address 2402 POTOMAC AVE
#102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3113.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. OLYMPIC MEDIA LLCMailing Address 2402 POTOMAC AVE
#102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2019

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

168.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAC MANAGEMENT SERVICES LLCMailing Address 950 N WASHINGTON ST.
STE 105City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
FEC COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2019

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAC MANAGEMENT SERVICES LLCMailing Address 950 N WASHINGTON ST.
STE 105City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
FEC COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2019

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

6000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12168.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. PARK AVENUE ASSETS LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2019

Mailing Address 1173A 2ND AVENUE
381City
NEW YORKState
NYZip Code
10065Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I15011

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICAL LIST BROKERS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2019

Mailing Address 107 S. WEST ST
826City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I15011

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLITICAL SOCIAL MEDIA LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2019

Mailing Address 2101 L ST. NW
SUITE 400City
WASHINGTONState
DCZip Code
20037Purpose of Disbursement
APP MANAGEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. POLITICAL SOCIAL MEDIA LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	9

Mailing Address 2101 L ST. NW
SUITE 400City
WASHINGTONState
DCZip Code
20037Purpose of Disbursement
ONLINE ISSUE ADVOCACY

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

2758.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICAL.LAW

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	9

Mailing Address 441 NORTH LEE STREET
SUITE 300City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
REIMBURSEMENTS (SEE BELOW)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

493.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLITICAL.LAW

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	9

Mailing Address 441 NORTH LEE STREET
SUITE 300City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9252.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. POLITICAL.LAWMailing Address 441 NORTH LEE STREET
SUITE 300City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.I15016

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REVILY, INC.Mailing Address 3365 PIEDMONT ROAD
SUITE 1400City
ATLANTAState
GAZip Code
30305Purpose of Disbursement
POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.I15016

Amount of Each Disbursement this Period

3900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STAMPS.COM

Mailing Address 1990 E. GRAND AVE

City
EL SEGUNDOState
CAZip Code
90245Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.I1501

Amount of Each Disbursement this Period

67.39

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 71

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. UPS STORE

Mailing Address 6060 CORNERSTONE CT W

City
SAN DIEGOState
CAZip Code
92121Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		1	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB21B.I1501!

Amount of Each Disbursement this Period

310.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

57729.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. GREAT AMERICA COMMITTEE

Mailing Address PO BOX 28022

City
WASHINGTONState
DCZip Code
20038Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2019

FEC Identification Number

C C00640664**Transaction ID : SB23.I150192**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. BALLARD, ROXANA, , ,

Mailing Address 202 FOX DR.

City
DEL RIOState
TXZip Code
78840Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CASSIDY, JOHN J, , ,

Mailing Address 26663 W MOHAWK LN

City
BUCKEYEState
AZZip Code
85396Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLLARD, JAMES, , ,

Mailing Address 4110 STONEHAVEN LN SE

City
OLYMPIAState
WAZip Code
98501Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HAWKINS, FRED, , ,

Mailing Address 716 ANNA HOPE LANE

City
OSPREYState
FLZip Code
34229Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAWKINS, FRED, , ,

Mailing Address 716 ANNA HOPE LANE

City
OSPREYState
FLZip Code
34229Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HUDDLESTON, MICHAEL, , ,

Mailing Address 800 KINGS WAY

City
WAKE VILLAGEState
TXZip Code
75501Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. HUDDLESTON, MICHAEL, , ,

Mailing Address 800 KINGS WAY

City
WAKE VILLAGEState
TXZip Code
75501Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

 100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LARSEN, RANDY, , ,

Mailing Address 449 ARGYLE

City
MILANState
MIZip Code
48160Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

 10.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LARSEN, RANDY, , ,

Mailing Address 449 ARGYLE

City
MILANState
MIZip Code
48160Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

 10.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 120.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. LARSEN, RANDY, , ,

Mailing Address 449 ARGYLE

City
MILANState
MIZip Code
48160Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LARSEN, VICKIE, , ,

Mailing Address 24127 MAJELLA DR.

City
RAMONAState
CAZip Code
92065Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LYONS, BARBARA, ANN, ,

Mailing Address 947 FAIRHOPE LANE

City
THE VILLAGESState
FLZip Code
32162Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2019

FEC Identification Number

C

Transaction ID : SB28A.I1501

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. PATCHEN, GERALD, E., ,

Mailing Address 1864 GINGERSNAP LANE

City
LINCOLNState
CAZip Code
95648Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		11		2019

FEC Identification Number

C

Transaction ID : SB28A.I15017

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RAHN, EDWARD, , ,Mailing Address 1102 A1A NORTH
SUITE 202City
PONTE VEDRA BEACHState
FLZip Code
32082Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2019

FEC Identification Number

C

Transaction ID : SB28A.I15017

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

200.00

670.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 71

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
CAREY ACCT: CREDIT CARD PAYMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2019

FEC Identification Number

C

Transaction ID : SB29.I150188

Amount of Each Disbursement this Period

413.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T WIRELESSMailing Address 211 S AKARD
ROOM 1243City
DALLASState
TXZip Code
75202Purpose of Disbursement
CAREY ACCT: PHONE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2019

FEC Identification Number

C

Transaction ID : SB29.I150189

Amount of Each Disbursement this Period

351.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
-------	---	-------	---	-----------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

413.03

413.03

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 55 OF 71

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
GREAT AMERICA PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign SolutionsNature of Debt (Purpose):
Online Voter Contact

Mailing Address 117 N SAINT ASAPH ST.

City
AlexandriaState
VAZip Code
22314

Outstanding Balance Beginning This Period

12633.45

Transaction ID : 18.012a

Amount Incurred This Period

0.00

Payment This Period

12633.45

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INFOCISION MANAGEMENT CORPORATIONNature of Debt (Purpose):
Phone Voter Contact

Mailing Address P.O. BOX 932441

City
CLEVELANDState
OHZip Code
44193

Outstanding Balance Beginning This Period

9080.51

Transaction ID : 18.012b

Amount Incurred This Period

0.00

Payment This Period

9080.51

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00608489 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149569 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ESTIMATED JANUARY LIST RENTAL FEES			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149570 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ESTIMATED JANUARY ONLINE DISTRIBUTION COSTS			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00608489	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee CAMPAIGN SOLUTIONS <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 01 / 2019	
Mailing Address 117 N SAINT ASAPH ST.			Amount 20000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149568 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 01 / 2019	
Purpose of Expenditure ESTIMATED JANUARY ONLINE VOTER CONTACT		Category/ Type 		
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 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee CONNELL DONATELLI, INC. <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 01 / 2019	
Mailing Address 117 N SAINT ASAPH ST.			Amount 2000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149571 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 01 / 2019	
Purpose of Expenditure ESTIMATED JANUARY ONLINE VOTER CONTACT		Category/ Type 		
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 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00	
(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, , , Signature			Date M M / D D / Y Y Y Y Y Y 01 / 01 / 2019	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item POLITICAL LIST BROKERS, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 107 S. West St PMB 826			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ESTIMATED JANUARY ONLINE VOTER CONTACT		Category/ Type	Transaction ID : SE24.149574 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			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			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RIGHT COUNTRY LISTS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ESTIMATED JANUARY ONLINE VOTER CONTACT		Category/ Type	Transaction ID : SE24.149575 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			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			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(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]

Signature

Date

M M /

D D /

Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00608489	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on MM / DD / YYYY	

Full Name of Payee INFOCISION MANAGEMENT CORPORATION <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 01 / 2019	
Mailing Address P.O. BOX 932441			Amount 35000.00 Transaction ID : SE24.149572 Date of Disbursement or Obligation MM / DD / YYYY 01 / 01 / 2019	
City CLEVELAND	State OH	Zip Code 44193		
Purpose of Expenditure ESTIMATED JANUARY PHONE VOTER CONTACT		Category/ Type 		
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 <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MESSAGE MADE EASY, LLC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 01 / 2019	
Mailing Address P.O. BOX 230			Amount 1000.00 Transaction ID : SE24.149573 Date of Disbursement or Obligation MM / DD / YYYY 01 / 01 / 2019	
City CANAL FULTON	State OH	Zip Code 44614		
Purpose of Expenditure ESTIMATED JANUARY PHONE VOTER CONTACT		Category/ Type 		
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 <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(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, , ,
Signature
[Electronically Filed]
Date MM / DD / YYYY
01 / 01 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC				FEC IDENTIFICATION NUMBER ▼ C C00608489	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RRTVMEDIA, LLC			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 01 / 2019
Mailing Address 3948 3RD STREET S SUITE 18			Amount 97000.00		Transaction ID : SE24.149576 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 01 / 2019
City JACKSONVILLE BEACH	State FL	Zip Code 32250			
Purpose of Expenditure ESTIMATED JANUARY TELEVISION ADVERTISING			Category/ Type 		
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 <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CAMPAIGN SOLUTIONS			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 01 / 2019
SEE ESTIMATE TRANSACTION ID# SE24.149569			Amount 14944.08		Transaction ID : SE24.150150 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 31 / 2019
Mailing Address 117 N SAINT ASAPH ST.	City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure LIST RENTAL FEES			Category/ Type 		
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 <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 628553.58			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%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%; text-align: right;"> 14944.08 </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			Date M M / D D / Y Y Y Y Y Y 01 / 01 / 2019		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00608489 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div>				
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS SEE ESTIMATE TRANSACTION ID# SE24.149570			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.150151 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE DISTRIBUTION COSTS		Category/ Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS SEE ESTIMATE SE24.149510 AND SE24.149519.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149923 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</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			<div style="display: flex; justify-content: space-between;"> <div> [Electronically Filed] </div> <div> Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</div> </div> </div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M M

D D D

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.149571			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149587 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 01 / 02 / 2019 </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			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			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>	

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.149571			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149589 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 01 / 03 / 2019 </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			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			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	12500.00
(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

M M M

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01

02

2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.149571			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>01 / 09 / 2019</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div> Transaction ID : SE24.149618 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>01 / 09 / 2019</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.149571			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>01 / 10 / 2019</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div> Transaction ID : SE24.149624 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>01 / 10 / 2019</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 20000.00
(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
 01 / 09 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00608489 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.149571			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149625 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			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 <div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.149571			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149813 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			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 <div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	17500.00
(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]

Signature

Date

M M M

D D D

Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC			FEC IDENTIFICATION NUMBER ▼ C C00608489	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on MM / DD / YYYY	
Full Name of Payee CONNELL DONATELLI, INC. <input type="checkbox"/> Memo Item SEE ESTIMATE TRANSACTION ID# SE24.149571			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2019	
Mailing Address 117 N SAINT ASAPH ST.			Amount 10000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.149935 Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2019	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type 		
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		628553.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee EL TORO LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 08 / 2019	
Mailing Address 124 N. 1ST STREET			Amount 1550.00	
City LOUISVILLE	State KY	Zip Code 40202	Transaction ID : SE24.149619 Date of Disbursement or Obligation MM / DD / YYYY 01 / 09 / 2019	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type 		
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		628553.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			11550.00	
(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 01 / 28 / 2019
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00608489 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE SE24.149523.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address P.O. BOX 932441			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9080.51</div> Transaction ID : SE24.149924 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City CLEVELAND	State OH	Zip Code 44193		
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE TRANSACTION ID# SE24.149572			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address P.O. BOX 932441			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5351.92</div> Transaction ID : SE24.149623 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City CLEVELAND	State OH	Zip Code 44193		
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">14432.43</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"></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, , ,

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Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE TRANSACTION ID# SE24.149572			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address P.O. BOX 932441			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">24275.22</div>	
City CLEVELAND	State OH	Zip Code 44193		
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE TRANSACTION ID# SE24.149572			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address P.O. BOX 932441			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">450.00</div>	
City CLEVELAND	State OH	Zip Code 44193		
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">628553.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	24725.22
(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, , ,

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Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORPORATION SEE ESTIMATE TRANSACTION ID# SE24.149572			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 15 / 2019 </div>	
Mailing Address P.O. BOX 932441			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 32138.18 </div>	
City CLEVELAND	State OH	Zip Code 44193		
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type 	Transaction ID : SE24.149929 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 24 / 2019 </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.149576			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 02 / 2019 </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20000.00 </div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250		
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type 	Transaction ID : SE24.149586 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 02 / 2019 </div>	
Name of Federal Candidate: TRUMP, DONALD, J, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">52138.18</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL 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
 01 / 24 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.149576			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 07 / 2019 </div>
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20000.00 </div> Transaction ID : SE24.149588 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 03 / 2019 </div>
City JACKSONVILLE BEACH	State FL	Zip Code 32250	
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			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 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.149576			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 09 / 2019 </div>
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 100000.00 </div> Transaction ID : SE24.149620 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 09 / 2019 </div>
City JACKSONVILLE BEACH	State FL	Zip Code 32250	
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type 	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD, J, ,			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 628553.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">120000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL 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
01 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.149576			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">12876.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.149626 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure TELEVISION ADVERTISING			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">628553.58</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.149576			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">50000.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.149814 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure TELEVISION ADVERTISING			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">628553.58</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">62876.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></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

M M M

D D D

Y Y Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 71
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.149576			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">25000.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.149928 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure TELEVISION ADVERTISING			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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">628553.58</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.149576			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">35000.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.149939 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure TELEVISION ADVERTISING			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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">628553.58</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">60000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">432553.58</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

M M M /

D D D /

Y Y Y Y Y Y

Signature