

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

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

|                                                                                         |               |                                                                                                                                                                                                                                                                                                             |                              |
|-----------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Full Name of Payee<br><b>RRTVMEDIA, LLC</b><br>SEE ESTIMATE TRANSACTION ID# SE24.150344 |               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 25 / 2019</b>                                                                                                                                                                                                                        |                              |
| Mailing Address 3948 3RD STREET S<br>SUITE 18                                           |               | Amount<br>15000.00                                                                                                                                                                                                                                                                                          |                              |
| City<br>JACKSONVILLE BEACH                                                              | State<br>FL   | Zip Code<br>32250                                                                                                                                                                                                                                                                                           | Transaction ID : SE24.150858 |
| Purpose of Expenditure<br>TELEVISION ADVERTISING                                        | Category/Type | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 21 / 2019</b>                                                                                                                                                                                                                               |                              |
| Name of Federal Candidate<br>TRUMP, DONALD, J, ,                                        |               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                              |                              |
| Calendar Year-To-Date<br>Per Election for Office Sought<br>1406241.81                   |               | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ► |                              |

|                                                         |               |                                                                                                                                                                                                                                                                                       |                                                      |
|---------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Full Name of Payee                                      |               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                                                                                                                                                           |                                                      |
| Mailing Address                                         |               | Amount                                                                                                                                                                                                                                                                                |                                                      |
| City                                                    | State         | Zip Code                                                                                                                                                                                                                                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY |
| Purpose of Expenditure                                  | Category/Type |                                                                                                                                                                                                                                                                                       |                                                      |
| Name of Federal Candidate                               |               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                   |                                                      |
| Calendar Year-To-Date<br>Per Election for Office Sought |               | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ► |                                                      |

|                                                           |          |
|-----------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....    | 15000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |          |
| (c) TOTAL Independent Expenditures.....                   | 15000.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Backer, Dan, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
03 / 21 / 2019

Signature