

**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>KEEP THE PROMISE I</b>                                                                                                                                           | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00575373       </div> |
| 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>CAMBRIDGE ANALYTICA LLC</b>    |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>01 / 16 / 2016</div> </div> |                                                                                                                                                                                    |
| Mailing Address 8383 WILSHIRE BLVD<br>STE 1000          |             | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">3175.00</div>                                                                |                                                                                                                                                                                    |
| City<br>BEVERLY HILLS                                   | State<br>CA | Zip Code<br>90211                                                                                                                                             | Transaction ID : SE.4478<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>12 / 10 / 2015</div> </div> |
| Purpose of Expenditure<br>MEDIA                         |             | Category/Type                                                                                                                                                 |                                                                                                                                                                                    |
| Name of Federal Candidate<br>MARCO RUBIO                |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC                              |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px; text-align: right;">371162.72</div>                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                                  |

|                                                         |       |                                                                                                                                            |                                                                                                                                                  |
|---------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div> |                                                                                                                                                  |
| Mailing Address                                         |       | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                    |                                                                                                                                                  |
| City                                                    | State | Zip Code                                                                                                                                   | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>              |
| Purpose of Expenditure                                  |       | Category/Type                                                                                                                              |                                                                                                                                                  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                        | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                              | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                |

|                                                                    |                                                                                      |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;">3175.00</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>        |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;">3175.00</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.

JACQUELYN JAMES

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 17 / 2016

Signature