

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep America America Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00762658		
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 Cerebral digital, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 9505 Biscayne Blvd Suite #2350			Amount 12500.00		
City State Zip Code Aventura FL 33180		Transaction ID : SE.7533 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024			
Purpose of Expenditure Placement of digital ad		Category/ Type 004			
Name of Federal Candidate TRUMP, DONALD J., , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____ 25000.00		
Full Name of Payee Cerebral digital, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 9505 Biscayne Blvd Suite #2350			Amount 12500.00		
City State Zip Code Aventura FL 33180		Transaction ID : SE.7534 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024			
Purpose of Expenditure Placement of digital ad		Category/ Type 004			
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____ 12500.00		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			25000.00		
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. Signature Willard, Phil, , , Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2024					