

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KEEP AMERICA GREAT PAC, INC.	FEC IDENTIFICATION NUMBER ▼ C C00896365
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 Barrel Placements			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2025	
Mailing Address PO Box 811			Amount 123250.00	
City Alexandria	State VA	Zip Code 22313-0811	Transaction ID : E24EA01C2E1A941C196F	
Purpose of Expenditure Digital Marketing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Morris, Nate, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		1194622.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Barrel Placements			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2025	
Mailing Address PO Box 811			Amount 252100.00	
City Alexandria	State VA	Zip Code 22313-0811	Transaction ID : E6C84DBE2EB634B9B85/	
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2025	
Name of Federal Candidate Morris, Nate, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		1194622.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	375350.00
(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.

GOODE, MICHAEL, , ,

Signature

Date

MM / DD / YYYY
08 / 21 / 2025

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KEEP AMERICA GREAT PAC, INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00896365</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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Storytellers Group LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 20 / 2025</div>	
Mailing Address PO Box 1832			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4394.00</div>	
City Gallatin		State TN	Zip Code 37066-1832	
Purpose of Expenditure Text Blast		Category/ Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div>	Transaction ID : E7C03EFC484F54E46BAA Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 19 / 2025</div>	
Name of Federal Candidate Morris, Nate, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1199016.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
City		State	Zip Code	
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4394.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">379744.00</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.				
Signature GOODE, MICHAEL, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 21 / 2025</div>	