

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

NAME OF COMMITTEE (In Full) EMGAGE FEDERAL POLITICAL ACTION COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00453704	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Scale to Win, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2026		
Mailing Address 13742 Harper St		Amount 5000.00		
City Santa Ana	State CA	Zip Code 92703	Transaction ID : SE.7711	
Purpose of Expenditure Phone Banking		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2026	
Name of Federal Candidate El-Sayed, Abdul, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		5000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Scale to Win, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2026		
Mailing Address 13742 Harper St		Amount 1904.23		
City Santa Ana	State CA	Zip Code 92703	Transaction ID : SE.7709	
Purpose of Expenditure Text Banking		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2026	
Name of Federal Candidate mckinney, donovan, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		33908.48	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		6904.23		
(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.				
Signature Mitha, Amin, , ,		Date MM / DD / YYYY 07 / 18 / 2026		

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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 Scale to Win, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2026
Mailing Address 13742 Harper St		Amount 6000.00
City Santa Ana	State CA	Zip Code 92703
Purpose of Expenditure Text Banking	Category/ Type	Transaction ID : SE.7710 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2026
Name of Federal Candidate El-Sayed, Abdul, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	12904.23

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.

Mitha, Amin, , ,
Signature

Date MM / DD / YYYY
07 / 18 / 2026