

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

NAME OF COMMITTEE (In Full) DEFENDING OUR VALUES PAC			FEC IDENTIFICATION NUMBER ▼ C C00928390		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Cattle Gap Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2026		
Mailing Address 1400 Village Square Boulevard #3-123			Amount 25305.00		
City Tallahassee		State FL	Zip Code 32312	Transaction ID : SE.4484	
Purpose of Expenditure Mailer		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2026		
Name of Federal Candidate SINGER, SCOTT M., , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 25 ☐ President ☐ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		1588646.63		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	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	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..... ▶			25305.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			25305.00		
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 M'Liss, Hadley, , ,			Date MM / DD / YYYY 08 / 09 / 2026		