

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

NAME OF COMMITTEE (In Full) Engage Y'all PAC			FEC IDENTIFICATION NUMBER ▼ C C00847137	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Doyle Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2025		
Mailing Address 1501 Little Hawk Ln		Amount 26750.00		
City Panama City Beach	State FL	Zip Code 32413-8412	Transaction ID : 500789529	
Purpose of Expenditure Digital - Production (Get Ahead)		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Van Epps, Matt, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		110916.01	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special General	
Full Name of Payee Doyle Strategies, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2025		
Mailing Address 1501 Little Hawk Ln		Amount 6500.00		
City Panama City Beach	State FL	Zip Code 32413-8412	Transaction ID : 500789530	
Purpose of Expenditure Digital - Meta (Get Ahead)		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Van Epps, Matt, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		110916.01	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special General	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		33250.00		
(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.				
Signature Haggard, Lora, , ,		Date M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2025		

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NAME OF COMMITTEE (In Full) Engage Y'all PAC		FEC IDENTIFICATION NUMBER ▼ C C00847137
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Doyle Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2025
Mailing Address 1501 Little Hawk Ln		Amount 13500.00
City Panama City Beach	State FL	Zip Code 32413-8412
Purpose of Expenditure Digital - OTT (Get Ahead)	Category/ Type	Transaction ID : 500789531 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Van Epps, Matt, , ,		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special General

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..... ▶	13500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	46750.00

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.

Haggard, Lora, , ,

Signature

Date

MM / DD / YYYY
11 / 11 / 2025