24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Engage Y'all PAC		C C00847137
		G coornie
Check if 24-hour report 48-hour report New rep	ort Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Doyle Strategies, LLC		10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1501 Little Hawk Ln		Amount
City State	Zip Code	12500.00
Panama City Beach FL	32413-8412	Transaction ID : 500787983 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
Digital Ad-Meta/Aftyan/10.28-12.02/Support	Type	
Name of Federal Candidate	Support Office	e Sought: X House District: 07
BEHN, AFTYN, , ,	Oppose	President Senate State:TN
Calendar Year-To-Date Per Election for Office Sought	Disb 64166.01 2025	ursement For: Primary General
		Other (specify) Special General
Full Name of Payee Doyle Strategies, LLC		Date of Public Distribution/Dissemination
Mailing Address 1501 Little Hawk Ln		10 28 2025
1301 Eittle Hawk Eif		Amount
City State	Zip Code	26750.00
Panama City Beach FL	32413-8412	Transaction ID: 500787984 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	Mam / Dad / Yayayay
Digital - OTT/Aftyn/10.28-12.02/Support	Туре	
Name of Federal Candidate	Support Office	ce Sought:
BEHN, AFTYN, , ,	Oppose	President Senate State:TN
Calendar Year-To-Date Per Election for Office Sought	Disb 64166.01 202	oursement For: Primary General
Per Election for Office Sought		Other (specify) ►Special General
(a) SUBTOTAL of Itemized Independent Expenditures	>	39250.00
(b) CUPTOTAL of Unitersized Independent Funerality		
(b) SUBTOTAL of Unitemized Independent Expenditures	•	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	·····	39250.00
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, , ,		M / D D / Y Y Y Y
Signature	Date	10 28 2025