

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL Engage Y'all PAC		2. FEC IDENTIFICATION NUMBER C00847137
(b) Number and Street Address PO BOX 1258		
(c) City, State and ZIP Code Gulf BreezeFL32562		3. TYPE OF COMMITTEE (check one) ☐ STATE PARTY ☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Adams, Jennifer, , ,	House	FL07	06/11/2025
(ii)	Andrews, Annie, , ,	Senate	SC00	06/10/2025
(iii)	Bailey, Huy-Yen, , ,	House	FL02	06/10/2025
(iv)	Hall, Barbara, Harden, ,	House	FL11	06/10/2025
(v)	People, Robert, , ,	House	FL15	06/10/2025

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 08/13/2023 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM1 was submitted on: 08/01/2023 .

(d) **Qualification:** The committee met the above requirements on: 06/11/2025 .

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Haggard, Lora, , ,	SIGNATURE OF TREASURER Haggard, Lora, , ,	DATE 07/30/2025
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.