

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

NAME OF COMMITTEE (In Full) DUTY SERVICE HONOR			FEC IDENTIFICATION NUMBER ▼ C C00845974		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Triumph Campaigns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2023		
Mailing Address 735 N Congress St			Amount 807.80		
City Jackson		State MS	Zip Code 39202		Transaction ID : SE.4193
Purpose of Expenditure Texting Ads		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Edwards, Becky, , ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		54081.37		Disbursement For: ☐ Primary ☐ General 2023 ☒ Other (specify) ▶ Special-Primary	
Full Name of Payee Triumph Campaigns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2023		
Mailing Address 735 N Congress St			Amount 807.80		
City Jackson		State MS	Zip Code 39202		Transaction ID : SE.4194
Purpose of Expenditure Texting Ads		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Hough, Bruce, , ,		☐ Support ☒ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		54889.17		Disbursement For: ☐ Primary ☐ General 2023 ☒ Other (specify) ▶ Special-Primary	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1615.60		
(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 Lieb, Sarah, , ,			Date MM / DD / YYYY 09 / 02 / 2023		

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NAME OF COMMITTEE (In Full) DUTY SERVICE HONOR		FEC IDENTIFICATION NUMBER ▼ C C00845974
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Triumph Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2023
Mailing Address 735 N Congress St		Amount 1615.60
City Jackson	State MS	Zip Code 39202
Purpose of Expenditure Texting Ads	Category/ Type	Transaction ID : SE.4195 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Maloy, Celeste, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 02 ☐ President State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2023 ☒ Other (specify) ▶ Special-Primary

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		☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: _____ ☐ President State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1615.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3231.20

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.

Lieb, Sarah, , ,
Signature

Date MM / DD / YYYY
09 / 02 / 2023