

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

NAME OF COMMITTEE (In Full) HONOR, DUTY & DISCIPLINE PAC			FEC IDENTIFICATION NUMBER ▼ C C00913269	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Majority Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2026		
Mailing Address PO Box 679219		Amount 17156.05		
City Dallas	State TX	Zip Code 75267	Transaction ID : WFT2026516220-1	
Purpose of Expenditure DIRECT MAIL POSTAGE / PRINTING / PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 09 / 2026	
Name of Federal Candidate Bouchard, Michael, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 10 ☐ President ☐ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		65309.19	Disbursement For: ☒ Primary ☐ General ☐ 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.....		17156.05		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		17156.05		
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 Williams, Katy, , ,		Date MM / DD / YYYY 06 / 16 / 2026		