

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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 AD Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 16 / 2023		
Mailing Address 57 West Woodcox Circle		Amount 3006.25		
City Lehi	State UT	Zip Code 84043	Transaction ID : SE.4125	
Purpose of Expenditure Newspaper Ads		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Maloy, Celeste, , ,		☒ Support ☐ Oppose	Office Sought: ☐ President ☐ Senate	☒ House District: 02 State: UT
Calendar Year-To-Date Per Election for Office Sought		33082.25	Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶ Special-Primary	
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: ☐ President ☐ Senate	☐ House District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		3006.25		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		3006.25		
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 08 / 17 / 2023		