

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 08 / 17 / 2023
Mailing Address 735 N Congress St		Amount 3206.25
City Jackson	State MS	Zip Code 39202
Purpose of Expenditure Texting Ads	Category/ Type	Transaction ID : SE.4138 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Maloy, Celeste, , ,		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2023 ☒ Other (specify) ▶ Special-Primary

Full Name of Payee Triumph Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2023
Mailing Address 735 N Congress St		Amount 1603.12
City Jackson	State MS	Zip Code 39202
Purpose of Expenditure Texting ads	Category/ Type	Transaction ID : SE.4139 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Hough, Bruce, , ,		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2023 ☒ Other (specify) ▶ Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4809.37
(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.

Lieb, Sarah, , ,
Signature

Date 08 / 18 / 2023

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Full Name of Payee Triumph Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2023
Mailing Address 735 N Congress St		Amount 1603.13
City Jackson	State MS	Zip Code 39202
Purpose of Expenditure Texting Ads	Category/ Type	Transaction ID : SE.4140 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		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 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..... ▶	1603.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6412.50

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
08 / 18 / 2023