

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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Caliber Campaigns			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 25 / 2024		
Mailing Address 1505 Crystal Dr #309			Amount 6009.70		
City Arlington		State VA	Zip Code 22202		Transaction ID : SE.4267
Purpose of Expenditure Text Ads		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 21 / 2024	
Name of Federal Candidate Maloy, Celeste, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: UT
Calendar Year-To-Date Per Election for Office Sought			30519.40 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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..... ▶ 6009.70 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 6009.70					
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 M M / D D / Y Y Y Y Y Y 06 / 25 / 2024					