

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

NAME OF COMMITTEE (In Full) SFA Fund, Inc			FEC IDENTIFICATION NUMBER ▼ C C00828061		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on / /					
Full Name of Payee SHIRE STRATEGIES LLC			Date of Public Distribution/Dissemination / / 02 / 13 / 2024		
Mailing Address 4885 MCKNIGHT ROAD			Amount 250000.00		
City PITTSBURGH		State PA	Zip Code 15237		Transaction ID : SE24.9126
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type 004		Date of Disbursement or Obligation / / 02 / 13 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			 4424973.19		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____
Full Name of Payee SOMETHING ELSE STRATEGIES, LLC			Date of Public Distribution/Dissemination / / 02 / 13 / 2024		
Mailing Address 212 GOLDEN WILLOW COURT			Amount 10288.00		
City EASLEY		State SC	Zip Code 29642		Transaction ID : SE24.9128
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004		Date of Disbursement or Obligation / / 02 / 15 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			 4435261.19		Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					 260288.00
(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 Reid, Katie, , ,				Date / / 02 / 14 / 2024	

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

NAME OF COMMITTEE (In Full) SFA Fund, Inc			FEC IDENTIFICATION NUMBER ▼ C C00828061		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee TARGET ENTERPRISES, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 13 / 2024		
Mailing Address 15260 VENTURA BOULEVARD			Amount 767875.00		
City LOS ANGELES		State CA	Zip Code 91403		Transaction ID : SE24.9102
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 08 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			5203136.19 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D 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..... ▶			767875.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			1028163.00		
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 Reid, Katie, , ,			Date M M M / D D D / Y Y Y Y Y Y 02 / 14 / 2024		