

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					
		M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2024			
Full Name of Payee CONNECTION STRATEGY, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 27 / 2024		
Mailing Address PO BOX 1636			Amount 173559.60		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : SE24.9171		
Purpose of Expenditure PHONES		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 26 / 2024		
Name of Federal Candidate HALEY, NIKKI, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought		336109.60	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee CONNECTION STRATEGY, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 27 / 2024		
Mailing Address PO BOX 1636			Amount 18298.80		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : SE24.9172		
Purpose of Expenditure PHONES		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 26 / 2024		
Name of Federal Candidate HALEY, NIKKI, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: VT		
Calendar Year-To-Date Per Election for Office Sought		68898.80	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			191858.40		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2024			

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Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 02 / 28 / 2024	

Full Name of Payee SHIRE STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 27 / 2024	
Mailing Address 4885 MCKNIGHT ROAD		Amount 3323.27	
City PITTSBURGH	State PA	Zip Code 15237	Transaction ID : SE24.9175
Purpose of Expenditure TEXT MESSAGES		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 28 / 2024
Name of Federal Candidate HALEY, NIKKI, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		3323.27	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..... ▶	3323.27
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	195181.67

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.

Reid, Katie, , ,
Signature

Date MM / DD / YYYY
05 / 10 / 2024