Only

STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		0	RGAN	IZAT	101	1							Offi	ce I Is	se On	ılv			
NAME OF COMMITTEE (ir	n full)		Check if names changed)		Example over the		ing, ty	/pe		L2F	E4:	M5	Cili		30 011	y			
SFA Fund,	Inc															1			
ADDRESS (number a	nd street)	1305 W 1	1th Street																
(Check if a is changed		#217																	
·		Houston Cl	TY 🛦					Ш	;	TX STAT	_ E ▲	L	7700)8	 ZI		DDE 4	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRE	SS																	
(Check if a is changed		katie@	stratvictory	com															
		Optional	Second E-Ma	ail Address	5														ı
COMMITTEE'S WEB (Check if a is changed	address	DRESS (UF	-																
2. DATE 0	7 / D	7 / Y	2023																
3. FEC IDENTIFIC	CATION NU	JMBER ▶		C00828	8061	-													
4. IS THIS STATEM	MENT	NEW	(N) O	R	x	AMEI	NDED	(A)											
I certify that I have e	examined th	nis Stateme	nt and to the	best of m	ny knov	vledge	and b	elief	it is	true,	corr	ect a	and	com	plete				
Type or Print Name	of Treasure	r Reid, Ka	tie, , ,																
Signature of Treasure	er <i>Reid, i</i>	Katie, , ,			[Ele	ctronica	ally Fil	ed]	Da	ıte	IV	07	/	0	7	′	202		Y
NOTE: Submission of	false, errone		omplete inform											enal	ties o	of 52	U.S.	C. §3	0109.
Office Use					Fed	For further information contact: Federal Election Commission Toll Free 800-424-9530 FEC FORM 1 (Revised 06/2012)													

Toll Free 800-424-9530

Local 202-694-1100

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	<i>!</i> .)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State ent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	emocratic, epublican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (h	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1C	
C	

, ,	FEC Form 1 (Revised 02	// 2009)	Page 3
٧	Vrite or Type Committee Name		
	SFA Fund, Inc		
6.	Name of Any Connected Or Team Stand for Amel	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hip PAC Sponsor
	Mailing Address	601 New Jersey Avenue NW	
		Suite 620	
		Washington DC 20001	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Poletinadia Dominada		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative L	eadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the person in possession	on of committee
	Reid, Katie,		
	Full Name	'' 	
	Mailing Address	1305 W 11th St	
	ag / taasss	 #217	
		Library TV 77000	
		Houston TX 77008	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	667 - 8918
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nar ssistant treasurer).	me and address of
	Full Name Reid, Katie,	• •	
	of Treasurer		
	Mailing Address	1305 W 11th St	
		#217	
		Houston TX 77008	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		667 - 8918

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the committee deposits ntains funds.	funds, holds accounts, rents
Name of Bank, Depository, e	etc.	
Chain E	Bridge Bank	
Mailing Address	1445 - A Laughlin Avenue	
	Mclean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲