

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

NAME OF COMMITTEE (In Full) SFA Fund, Inc			FEC IDENTIFICATION NUMBER ▼ C C00828061	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SHIRE STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2023		
Mailing Address 4885 MCKNIGHT ROAD		Amount 31120.80		
City PITTSBURGH	State PA	Zip Code 15237	Transaction ID : SE24.7629	
Purpose of Expenditure POSTAGE/PRINTING/PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2023	
Name of Federal Candidate HALEY, NIKKI, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		8091779.11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		31120.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		31120.80		
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 MM / DD / YYYY 09 / 21 / 2023		