

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

NAME OF COMMITTEE (In Full) ESAFund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
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 CampaignHQ			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2024		
Mailing Address 1093 W. Front Street P.O. Box 257			Amount 13000.00		
City Brooklyn		State IA	Zip Code 55211		Transaction ID : SE.8061
Purpose of Expenditure voter contact/messaging services		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2024	
Name of Federal Candidate Smiley, Tiffany, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: WA
Calendar Year-To-Date Per Election for Office Sought			60053.98 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..... ▶			13000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			13000.00		
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 Watkins, Nancy H., , ,			Date M M / D D / Y Y Y Y Y Y 08 / 05 / 2024		