

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Sentinel Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00811166	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee IMGE, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2026	
Mailing Address 1401 H STREET NW SUITE 550		Amount 6818.19	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.4272
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2026
Name of Federal Candidate COLLINS, SUSAN, M., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		8818.19	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee IMGE, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2026	
Mailing Address 1401 H STREET NW SUITE 550		Amount 3409.09	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.4275
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2026
Name of Federal Candidate EL-SAYED, ABDUL, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		1352307.18	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10227.28
(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.

Stoltzfus, Nicholas, , ,

Signature

Date

MM / DD / YYYY
09 / 11 / 2026

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Full Name of Payee IMGE, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2026
Mailing Address 1401 H STREET NW SUITE 550		Amount 3409.09
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.4274 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2026
Name of Federal Candidate ROGERS, MICHAEL, J, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee IMGE, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2026
Mailing Address 1401 H STREET NW SUITE 550		Amount 6818.18
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.4276 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2026
Name of Federal Candidate SUNUNU, JOHN, E, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10227.27
(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.

Stoltzfus, Nicholas, , ,

Signature

Date

MM / DD / YYYY
09 / 11 / 2026

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Full Name of Payee IMGE, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2026		
Mailing Address 1401 H STREET NW SUITE 550			Amount 6818.18		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.4273		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2026		
Name of Federal Candidate HUSTED, JON, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		937824.14	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..... ▶	6818.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	27272.73

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.

Stoltzfus, Nicholas, , ,

Signature

Date

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