

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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			MM / DD / YYYY		
Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024			
Mailing Address PO BOX 1636		Amount 142401.05			
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : SE24.1450		
Purpose of Expenditure PHONE CALLS AND TEXT MESSAGES		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024		
Name of Federal Candidate MORENO, BERNIE, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		4209135.59	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee CONNECTION STRATEGY LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2024			
Mailing Address PO BOX 1636		Amount 71200.53			
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : SE24.1451		
Purpose of Expenditure PHONE CALLS AND TEXT MESSAGES		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2024		
Name of Federal Candidate TRUMP, DONALD, J., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		3484757.14	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		213601.58			
(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 Backiel, John, , ,		Date MM / DD / YYYY 11 / 01 / 2024			

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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					
Full Name of Payee CONNECTION STRATEGY LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2024		
Mailing Address PO BOX 1636			Amount 71200.52		
City DRIPPING SPRINGS		State TX	Zip Code 78620		Transaction ID : SE24.1452
Purpose of Expenditure PHONE CALLS AND TEXT MESSAGES		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2024		
Name of Federal Candidate HARRIS, KAMALA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: US		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D 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..... ▶ 71200.52 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 284802.10					
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 Backiel, John, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2024		