

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 11
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 ADVANTAGE INC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 9420 BONITA BEACH RD SE STE 200			Amount 13520.00		
City BONITA SPRINGS		State FL	Zip Code 34135-4774		Transaction ID : SE24.1407
Purpose of Expenditure PHONE CALLS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2024		
Name of Federal Candidate SHEEHY, TIM, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		2279502.80	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee ADVANTAGE INC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 9420 BONITA BEACH RD SE STE 200			Amount 13520.00		
City BONITA SPRINGS		State FL	Zip Code 34135-4774		Transaction ID : SE24.1408
Purpose of Expenditure PHONE CALLS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 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		1969728.74	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27040.00		
(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 10 / 23 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 2 OF 11

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 ADVANTAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024	
Mailing Address 9420 BONITA BEACH RD SE STE 200		Amount 1898.46	
City BONITA SPRINGS	State FL	Zip Code 34135-4774	Transaction ID : SE24.1409
Purpose of Expenditure TEXT MESSAGES	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2024	
Name of Federal Candidate BROWN, SAM, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee ADVANTAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024	
Mailing Address 9420 BONITA BEACH RD SE STE 200		Amount 1898.46	
City BONITA SPRINGS	State FL	Zip Code 34135-4774	Transaction ID : SE24.1410
Purpose of Expenditure TEXT MESSAGES	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 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		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3796.92
(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.

Backiel, John, , ,

Signature

Date

MM / DD / YYYY
10 / 23 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 3 OF 11

FOR SE OF FORM 24/48

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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 CALIBER CONTACT			Date of Public Distribution/Dissemination 10 / 22 / 2024		
Mailing Address 300 S WASHINGTON ST FLOOR 3			Amount 52741.11		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE24.1404
Purpose of Expenditure DIRECT MAIL		Category/ Type	Date of Disbursement or Obligation 10 / 22 / 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		1969728.74		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee CAMPAIGNHQ			Date of Public Distribution/Dissemination 10 / 22 / 2024		
Mailing Address PO BOX 257			Amount 150632.19		
City BROOKLYN		State IA	Zip Code 52211		Transaction ID : SE24.1394
Purpose of Expenditure PHONE CALLS		Category/ Type	Date of Disbursement or Obligation 10 / 21 / 2024		
Name of Federal Candidate MCCORMICK, DAVE, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		738459.02		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			203373.30		
(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 10 / 23 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 4 OF 11

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 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 10 / 22 / 2024		
Mailing Address PO BOX 257			Amount 150632.19		
City BROOKLYN		State IA	Zip Code 52211		Transaction ID : SE24.1395
Purpose of Expenditure PHONE CALLS		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024	
Name of Federal Candidate CASEY, ROBERT, P., , JR.			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			738459.02 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee CONNECTION STRATEGY LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address PO BOX 1636			Amount 30493.47		
City DRIPPING SPRINGS		State TX	Zip Code 78620		Transaction ID : SE24.1405
Purpose of Expenditure TEXT MESSAGES		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 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			3183556.33 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			181125.66		
(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 M M / D D / Y Y Y Y Y Y 10 / 23 / 2024					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 5 OF 11

FOR SE OF FORM 24/48

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Full Name of Payee CONNECTION STRATEGY LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address PO BOX 1636			Amount 30493.46		
City DRIPPING SPRINGS		State TX	Zip Code 78620		Transaction ID : SE24.1406
Purpose of Expenditure TEXT MESSAGES		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought 1969728.74			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 5750.00		
City WASHINGTON		State DC	Zip Code 20005		Transaction ID : SE24.1390
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 15 / 2024	
Name of Federal Candidate MCCORMICK, DAVE, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 738459.02			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36243.46		
(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 M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 6 OF 11

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Sentinel Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00811166
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Full Name of Payee IMGE LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024
Mailing Address 1401 H STREET NW SUITE 550		Amount 5750.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.1391 Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2024
Name of Federal Candidate TRUMP, DONALD, J., ,		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 IMGE LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024
Mailing Address 1401 H STREET NW SUITE 550		Amount 12500.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.1392 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2024
Name of Federal Candidate MORENO, BERNIE, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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MM / DD / YYYY
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 7 OF 11

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Sentinel Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00811166	
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Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 12500.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1393		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 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		1969728.74	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 20500.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1396		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024		
Name of Federal Candidate ROGERS, MICHAEL, J., ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		20500.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Backiel, John, , ,

Signature

Date

MM / DD / YYYY
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 8 OF 11

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Sentinel Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00811166	
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Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 20500.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1397		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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		1969728.74	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 20500.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1398		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024		
Name of Federal Candidate CAO, HUNG, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought		20500.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Backiel, John, , ,

Signature

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MM / DD / YYYY
10 / 23 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 9 OF 11

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Sentinel Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00811166	
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Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 20500.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1399		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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		1969728.74	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 12500.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE24.1400		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2024		
Name of Federal Candidate MCCORMICK, DAVE, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		738459.02	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 11
FOR SE OF FORM 24/48

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee IMGE LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024
Mailing Address 1401 H STREET NW SUITE 550		Amount 12500.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.1401 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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 1969728.74		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee IMGE LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2024
Mailing Address 1401 H STREET NW SUITE 550		Amount 20500.00
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.1402 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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 3183556.33		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33000.00
(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.

Backiel, John, , ,
Signature

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 11
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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 IMGE LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 1401 H STREET NW SUITE 550			Amount 20500.00		
City WASHINGTON		State DC	Zip Code 20005		Transaction ID : SE24.1403
Purpose of Expenditure DIGITAL PLACEMENT		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought 1969728.74			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..... ▶			20500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			630329.34		
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 <u>Backiel, John, , ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 23 / 2024		