

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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 M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee WHISTLESTOP STRATEGIES LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2026 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 100 COASTAL DT STE 305			Amount 280631.50		
City CHARLESTON		State SC	Zip Code 29492		Transaction ID : SE24.4264
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2026 M M M / D D D / Y Y Y Y Y Y	
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			839495.25		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y 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 M M M / D D D / Y Y Y Y Y Y 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..... ▶ 280631.50 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 280631.50					
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 Stoltzfus, Nicholas, , , Date M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2026 M M M / D D D / Y Y Y Y Y Y					