

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
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 INVICTUS ADVERTISING LLC			Date of Public Distribution/Dissemination / / 08 / 17 / 2026		
Mailing Address 16192 COASTAL HIGHWAY			Amount 473750.00		
City LEWES	State DE	Zip Code 19958	Transaction ID : SE24.4260 Date of Disbursement or Obligation / / 08 / 04 / 2026		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Name of Federal Candidate EL-SAYED, ABDUL, , , ☐ Support ☒ Oppose		
Name of Federal Candidate EL-SAYED, ABDUL, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		 672875.41		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____	
Full Name of Payee INVICTUS ADVERTISING LLC			Date of Public Distribution/Dissemination / / 08 / 17 / 2026		
Mailing Address 16192 COASTAL HIGHWAY			Amount 1530.00		
City LEWES	State DE	Zip Code 19958	Transaction ID : SE24.4262 Date of Disbursement or Obligation / / 08 / 18 / 2026		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Name of Federal Candidate EL-SAYED, ABDUL, , , ☐ Support ☒ Oppose		
Name of Federal Candidate EL-SAYED, ABDUL, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		 672875.41		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 475280.00		
(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 Stoltzfus, Nicholas, , ,			Date / / 08 / 19 / 2026		

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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 JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2026	
Mailing Address 900 HADDON AVENUE PH-10		Amount 23500.00	
City COLLINGSWOOD	State NJ	Zip Code 08108	Transaction ID : SE24.4261
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 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		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee RED ZONE STRATEGIC LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2026	
Mailing Address PO BOX 151		Amount 174095.41	
City ADDISON	State TX	Zip Code 75201	Transaction ID : SE24.4263
Purpose of Expenditure DIRECT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2026
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		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	197595.41
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Stoltzfus, Nicholas, , ,

Signature

Date

MM / DD / YYYY
08 / 19 / 2026

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Full Name of Payee JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2026	
Mailing Address 900 HADDON AVENUE PH-10		Amount 19232.25	
City COLLINGSWOOD	State NJ	Zip Code 08108	Transaction ID : SE24.4257
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 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		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee WHISTLESTOP STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2026	
Mailing Address 100 COASTAL DT STE 305		Amount 280631.50	
City CHARLESTON	State SC	Zip Code 29492	Transaction ID : SE24.4259
Purpose of Expenditure DIRECT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 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		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	299863.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Stoltzfus, Nicholas, , ,

Signature

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Full Name of Payee PUSH DIGITAL LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2026		
Mailing Address 342 EAST BAY ST			Amount 259000.00		
City CHARLESTON	State SC	Zip Code 29401	Transaction ID : SE24.4258		
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 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		558863.75	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..... ▶	259000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1231739.16

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
08 / 19 / 2026