

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

NAME OF COMMITTEE (In Full) NORTHWOODS FUTURE PAC			FEC IDENTIFICATION NUMBER ▼ C C00922955		
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 STRATEGIC MEDIA PLACEMENT INC.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2026 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 7669 STAGERS LOOP			Amount 192160.00 M M M / D D D / Y Y Y Y Y Y		
City DELAWARE		State OH	Zip Code 43015		Transaction ID : SE24.31857
Purpose of Expenditure RADIO PRODUCTION / RADIO PLACEMENT		Category/Type M M M / D D D / Y Y Y Y Y Y		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2026 M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate ALFONSO, MICHAEL, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			690572.33 M M M / D D D / Y Y Y Y Y Y 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 M M M / D D D / Y Y Y Y Y Y		
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 M M M / D D D / Y Y Y Y Y Y			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			M M M / D D D / Y Y Y Y Y Y Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			192160.00 M M M / D D D / Y Y Y Y Y Y		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			M M M / D D D / Y Y Y Y Y Y		
(c) TOTAL Independent Expenditures..... ▶			192160.00 M M M / D D D / Y Y Y Y Y Y		
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 LANDERFELT, MICHAEL, , ,			Date M M M / D D D / Y Y Y Y Y Y 05 / 06 / 2026 M M M / D D D / Y Y Y Y Y Y		