

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

NAME OF COMMITTEE (In Full) <b>NORTHWOODS FUTURE PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00922955</div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee WHISTLESTOP STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">2025</div></div>	
Mailing Address 100 COASTAL DR. STE 305			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">63952.40</div>	
City CHARLESTON		State SC	Zip Code 29492	
Purpose of Expenditure PRINTING / POSTAGE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : SE24.27770 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">26</div><div style="border: 1px solid black; padding: 2px;">2025</div></div>
Name of Federal Candidate ALFONSO, MICHAEL, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: WI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2026 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">852269.60</div>				
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City		State	Zip Code	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">63952.40</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">63952.40</div></div></div>				
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.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; margin-top: 5px; display: inline-block; width: 100%;">LANDERFELT, MICHAEL, , ,</div></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">03</div><div style="border: 1px solid black; padding: 2px;">2025</div></div></div></div>				