

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FUND FOR AMERICA'S FUTURE

ADDRESS (number and street)

PO BOX 1373

Check if different
than previously
reported. (ACC)

COLUMBIA

SC

29202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00388934

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
05 01 2025

through

M M / D D / Y Y Y Y Y Y
05 31 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

HOBBS, CABELL, , ,

Signature of Treasurer

HOBBS, CABELL, , ,

Date

M M / D D / Y Y Y Y Y Y
06 20 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FUND FOR AMERICA'S FUTURE

Report Covering the Period: From: MM / DD / YYYY 05 / 01 / 2025 To: MM / DD / YYYY 05 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		42636.89
(b) Cash on Hand at Beginning of Reporting Period.....	40891.77	
(c) Total Receipts (from Line 19)	42527.00	136772.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	83418.77	179409.29
7. Total Disbursements (from Line 31)	42711.88	138702.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40706.89	40706.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FUND FOR AMERICA'S FUTURE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 01 2025

To:

M M / D D / Y Y Y Y Y
05 31 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

10500.00

(ii) Unitemized

27.00

210.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

27.00

10710.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

12500.00

42500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

12527.00

53210.50

12. Transfers From Affiliated/Other

Party Committees.....

30000.00

83561.90

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

42527.00

136772.40

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

42527.00

136772.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	32711.88	123202.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	32711.88	123202.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	15000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42711.88	138702.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42711.88	138702.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12527.00	53210.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12527.00	53210.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	32711.88	123202.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32711.88	123202.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CME GROUP, INC. PAC

Mailing Address 20 S. WACKER DR.

City
CHICAGOState
ILZip Code
60606-7431FEC ID number of contributing
federal political committee.**C** C00076299

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : SA11C.3922999**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GENERAL MOTORS PAC

Mailing Address 25 MASSACHUSETTS ST STE 400

City
HIGHLAND PARKState
MIZip Code
48203-3536FEC ID number of contributing
federal political committee.**C** C00076810

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025**Transaction ID : SA11C.3922310**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION AMERICA'S EL

Mailing Address 4301 WILSON BLVD

City
ARLINGTONState
VAZip Code
22203-4419FEC ID number of contributing
federal political committee.**C** C00002972

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2025**Transaction ID : SA11C.3924358**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

12500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAHAM MAJORITY FUNDMailing Address 228 S. WASHINGTON ST.
STE. 115City
ALEXANDRIAState
VAZip Code
22314-5404FEC ID number of contributing
federal political committee.**C** C00690891

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

83561.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2025**Transaction ID : SA12.3923048**

Amount of Each Receipt this Period

30000.00

☐ Memo Item

TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAHILL, JOHN, T., ,

Mailing Address 2 LADSON ST

City
CHARLESTONState
SCZip Code
29401-2704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KRAFT HEINZ COMPANYOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2025**Transaction ID : SA.3915647.3.0513**

Amount of Each Receipt this Period

4000.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASSELS, W., T., , JR.

Mailing Address PO BOX 1691

City
COLUMBIAState
SCZip Code
29202-1691FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOUTHEASTERN FREIGHT LINESOccupation (for Individual)
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2025**Transaction ID : SA.3917955.3.0513**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHALOKWU, CHRIS, , DR.,

Mailing Address 6587 SHADY LN

City
BURR RIDGEState
ILZip Code
60527-5593FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEDICAL ASSAY LABORATORYOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2025

Transaction ID : SA.3921092.3.0513

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EGGERT, STEVEN, L., ,Mailing Address 1610 R ST
STE 250City
SACRAMENTOState
CAZip Code
95811-6685FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANTON DEVCOOccupation (for Individual)
FOUNDER AND PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2025

Transaction ID : SA.3919300.3.0513

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRAHAM, WILLIAM, , ,

Mailing Address 4429 STANHOPE ST

City
DALLASState
TXZip Code
75205-1664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRIONA CATTLE COMPANYOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2025

Transaction ID : SA.3921840.3.0513

Amount of Each Receipt this Period

3000.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROSSMAN, BEVERLY, B., ,

Mailing Address 17960 RANCHO ST

City
ENCINOState
CAZip Code
91316-4211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRUMWASSER & WOOCHER LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2025

Transaction ID : SA.3911149.3.0513

Amount of Each Receipt this Period

300.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROSSMAN, BEVERLY, B., ,

Mailing Address 17960 RANCHO ST

City
ENCINOState
CAZip Code
91316-4211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRUMWASSER & WOOCHER LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2025

Transaction ID : SA.3916742.3.0513

Amount of Each Receipt this Period

150.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRAFT, ROBERT, , ,

Mailing Address ONE PATRIOT PLACE

City
FOXBOROUGHState
MAZip Code
02035-1374FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KRAFT GROUPOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2025

Transaction ID : SA.3922082.3.0513

Amount of Each Receipt this Period

3000.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAVIN, STEVEN, H., ,

Mailing Address 96 RONAN ROAD

City
HIGHWOODState
ILZip Code
60040-2065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAVIN & GEDVILLE, P.C.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2025**Transaction ID : SA.3921025.3.0513**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEHMANN, KENNETH, , ,

Mailing Address 100 S LAS PALMAS AVE

City
LOS ANGELESState
CAZip Code
90004-1050FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTH CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2025**Transaction ID : SA.3921049.3.0513**

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RECHNITZ, SHLOMO, , ,

Mailing Address 100 S ALTA VISTA BLVD

City
LOS ANGELESState
CAZip Code
90036-2824FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOARDWALK WEST, LLCOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2025**Transaction ID : SA.3920517.3.0513**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 16
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RYAN, PATRICK, G., , SR.Mailing Address 150 NORTH MICHIGAN AVENUE
SUITE 2100City
CHICAGOState
ILZip Code
60601-7559FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RYAN SPECIALTY HOLDINGSOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2025

Transaction ID : SA.3922309.3.0513

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANKAR, SHYAM, , ,

Mailing Address 3511 S OGDEN ST

City
ENGLEWOODState
COZip Code
80113-3922FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
PALANTIR TECHNOLOGIESOccupation (for Individual)
CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2025

Transaction ID : SA.3915326.3.0513

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATTS, CLAUDIUS, , , IV

Mailing Address 947 WHITE POINT COURT

City
CHARLESTONState
SCZip Code
29412-4328FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
MEETING STREET CAPITALOccupation (for Individual)
SOFTWARE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2025

Transaction ID : SA.3916141.3.0513

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

TRANSFER FROM GRAHAM MAJORITY FUND

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name (Last, First, Middle Initial)

A. MAULDIN & JENKINS LLC

Mailing Address PO BOX 36

City
COLUMBIAState
SCZip Code
29202Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB4**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PALMETTO DEVELOPMENT STRATEGIES LLC

Mailing Address 1258 CHRISMILL LANE

City
MT. PLEASANTState
SCZip Code
29466Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB6**

Amount of Each Disbursement this Period

12235.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB9**

Amount of Each Disbursement this Period

825.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14060.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name (Last, First, Middle Initial)

A. BAULD, DENISE, , ,

Mailing Address 239 E. QUEEN STREET

City
PENDLETONState
SCZip Code
29670

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB7

Amount of Each Disbursement this Period

1750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVENUE

City
MOUNTAIN VIEWState
CAZip Code
94043

Purpose of Disbursement

SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB10

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CARDMEMBER SERVICE (CHASE)

Mailing Address PO BOX 1423

City
CHARLOTTEState
NCZip Code
28201

Purpose of Disbursement

CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB15

Amount of Each Disbursement this Period

10741.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12590.82

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name (Last, First, Middle Initial)

A. KIAWAH ISLAND GOLF RESORT

Mailing Address ONE SANCTUARY BEACH DRIVE

City
KIAWAH ISLANDState
SCZip Code
29455Purpose of Disbursement
EVENT FACILITY/CATERING

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB15.1**

Amount of Each Disbursement this Period

10741.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1595 SPRING HILL ROAD SUITE 500

City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE SUBSCRIPTION

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB8**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. B-3 AVIATION LLC

Mailing Address 219 RIDGE STREET

City
GEORGETOWNState
SCZip Code
29440Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB3**

Amount of Each Disbursement this Period

744.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

994.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name (Last, First, Middle Initial)

A. NEW ORLEANS SAINTS

Mailing Address 5800 AIRLINE DRIVE

City
METAIRIEState
LAZip Code
70003

Purpose of Disbursement

PAC EVENT ATTENDANCE EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB1

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

32644.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FUND FOR AMERICA'S FUTURE

Full Name (Last, First, Middle Initial)

A. LUMMIS FOR WYOMING

Mailing Address 111 S DURBIN STREET

City
CASPERState
WYZip Code
82601

Purpose of Disbursement

CONTRIBUTION

Candidate Name

LUMMIS, CYNTHIA, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WY

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2025

FEC Identification Number

C S0WY00137**Transaction ID : SB11**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALASKANS FOR DAN SULLIVAN

Mailing Address 3705 ARCTIC BLVD #447

City
ANCHORAGEState
AKZip Code
99503

Purpose of Disbursement

CONTRIBUTION

Candidate Name

SULLIVAN, DAN, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AK

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2025

FEC Identification Number

C S4AK00214**Transaction ID : SB13**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

10000.00