

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FUND FOR AMERICA'S FUTURE

ADDRESS (number and street)

PO BOX 1373

☐ (Check if address is changed)

COLUMBIA

CITY ▲

SC

STATE ▲

29202-1373

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@fundforamericasfuture.com

Optional Second E-Mail Address

compliance@rightsidecompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.FundforAmericasFuture.com

2. DATE

MM / DD / YYYY
07 / 25 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00388934

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement 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

MM / DD / YYYY
07 / 25 / 2026

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

FUND FOR AMERICA'S FUTURE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

GRAHAM, DARLINE, , ,

Mailing Address

PO BOX 1373

COLUMBIA

SC

29202-0486

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

HOBBS, CABELL, , ,

Mailing Address

PO BOX 1373

COLUMBIA

SC

29202-1373

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CUSTODIAN OF RECORDS

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

HOBBS, CABELL, , ,

Mailing Address

PO BOX 1373

COLUMBIA

SC

29202-1373

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445A LAUGHLIN AVENUE

MCLEAN

CITY ▲

VA

STATE ▲

22101

ZIP CODE ▲

Name of Bank, Depository, etc.

SYNOVUS BANK

Mailing Address

1221 MAIN STREET

COLUMBIA

CITY ▲

SC

STATE ▲

29201

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**GRAHAM MAJORITY FUND

Mailing Address

228 S. WASHINGTON STREET

_____STE 115

_____ALEXANDRIA

_____VA

_____22314

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank, Depository, etc. TRUIST

Mailing Address

214 N. TRYON STREET

_____CHARLOTTE

_____NC

_____28202

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Telephone Number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**TRUMP-GRAHAM MAJORITY FUND

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST 2ND FLOOR

BEVERLY

MA

01915
_____-_____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number _____-_____-_____
_____-_____-_____9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲