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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	#1252			
 (Check if address is changed) 	#1253 			
			MD 21 STATE ▲	401 [] ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	MARYLANDSFUTURE@GI			
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
2. DATE 02	16 ⁷ Y Y Y Y 2024			
3. FEC IDENTIFICATION N	NUMBER ► C co	00870030		
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	d complete.
Type or Print Name of Treasur	er MARENO, CRAIG, , ,			
Signature of Treasurer MA	RENO, CRAIG, , ,		Date 02	/ D D / Y Y Y Y 16 2024
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing th		penalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)		Page 2
5. TYPE OF COMMITTEE:		
Candidate Committee:		
(a) This committee is a pri	incipal campaign committee. (Complete the candidate information belo	ow.)
(b) This committee is an a information below.)	authorized committee, and is NOT a principal campaign committee. (C	Complete the candidate
Name of Candidate		<u> </u>
Candidate	Office	State
Party Affiliation	Sought: House Senate Presi	ident District
(c) This committee support	ts/opposes only one candidate, and is NOT an authorized committee	
Name of		
Candidate		
 (d) This committee is a Political Action Committee (e) This committee is a set 	or subordinate) committee of the	(Democratic, Republican, etc.) Party ts connected organization is a:
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organ	Inization Trade Association	Cooperative
In addition, the	his committee is a Lobbyist/Registrant PAC.	
(f) This committee support committee. (i.e., noncor	ts/opposes more than one Federal candidate, and is NOT a separate nnected committee)	e segregated fund or party
In addition, th	his committee is a Lobbyist/Registrant PAC.	
In addition, th	his committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) X This committee is an in	ndependent expenditure-only political committee (Super PAC).	
In addition, th	his committee is a Lobbyist/Registrant PAC.	
(h) This committee is a pol	litical committee with both contribution and non-contribution accounts	s (Hybrid PAC).

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

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FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
MARYLAND'S FUTURE	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor.
NONE	

Relationship: Connected (Org	ani	iza	tior	ı	Aff	ilia	tec	9 0	rga	niz	atio	on	l	•	Joir	nt F	uno	dra	isin	ıg F	Rep	ores	sen	tati	ve		L	eac	lers	ship	PA	AC S	Spo	onsor
									СП	ΓY											S	STA	ΤE						ZIP	, c	OD	E .			
																										L] –				
Mailing Address																																			
]

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

MARENO,	CRAIG, , ,	
Full Name		
Mailing Address	2631 HOUSLEY RD	
	#1253	
	ANNAPOLIS MD 21401	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
	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	MARENO, CRAIG, , ,							
of Treasurer								
Mailing Address	2631 HOUSLEY RD							
	#1253							
	ANNAPOLIS							
	CITY A STATE A ZIP CODE A							
Title or Position ▼								
TREASURER								

FEC Form 1 (Revised 02	2009)	Page 4
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.

Mailing Address	1445-A LAUGHLIN AVE		<u> </u>
		VA 2210	1
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE

:97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: F1N Transaction ID :

Maryland's Future intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: