Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. CLOUD FOR CONGRESS PO BOX 7027 ADDRESS (number and street) (Check if address is changed) **VICTORIA** 77903-TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hello@cloudforcongress.com (Check if address X is changed) Optional Second E-Mail Address info@campaignfinancial.com COMMITTEE'S WEB PAGE ADDRESS (URL) cloudforcongress.com (Check if address is changed) DATE 2019 C00655332 FEC IDENTIFICATION NUMBER > 3. X 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. Teinert, Joshua, Aaron, , Type or Print Name of Treasurer Teinert, Joshua, Aaron, , [Electronically Filed] 04 18 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name of CLOUD, MICHAEL, , , Candidate	
Candidate Party Affiliation REP Office Sought: House Senate President	State TX District 27
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

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Write or Type Committee Name		. ago -
CLOUD FOR C	ONGRESS	
	Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
None		
Mailing Address		
	CITY S	TATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Re	presentative Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position	of the person in possession of committee
	, Financial Services, , ,	ı
Full Name	PO Box 30844	
Mailing Address		
	Bethesda	MD , 20824-0844 , ,
Title or Position	CITY ST.	ATE ZIP CODE
Custodian of Records	Telephone number	301 - 654 - 3220
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the corassistant treasurer).	mmittee; and the name and address of
Full Name Teinert, Jos	shua, Aaron, ,	ı
of Treasurer	1103 Auburn HI	
Mailing Address	103 Auburn HI	
	.Vr. contr	
		TX 77904-1184 -
Title or Position Treasurer		ATE ZIP CODE
<u> </u>	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		funds, holds accounts, rents
Banks or Other Depositions safety deposit boxes or	ositories: List all banks or other depositories in which the committee deposits or maintains funds.	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit	r maintains funds.	2.55
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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safety deposit boxes or Name of Bank, Deposit	ells Fargo 4800 N. Navarro St	
safety deposit boxes or Name of Bank, Deposit	ells Fargo 4800 N. Navarro St	
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