

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                                                             |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>CLOUD FOR CONGRESS                                                                                                                   |                    |                                                             |                                                                                                                                                                |
| ADDRESS (number and street) PO BOX 7027                                                                                                                                     |                    |                                                             |                                                                                                                                                                |
| <b>CITY</b><br>VICTORIA                                                                                                                                                     | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>77903                                    |                                                                                                                                                                |
| <b>2. NAME OF CANDIDATE</b><br>Cloud, Michael, , Hon.,                                                                                                                      |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TX 27 |                                                                                                                                                                |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00655332                                                                                                                            |                    |                                                             |                                                                                                                                                                |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                                                             |                                                                                                                                                                |
| <b>A. FULL NAME</b><br>Conservative Promises PAC                                                                                                                            |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS<br>1919 Oxmoor Rd<br># 241                                                                                                                                  |                    | Name of Employer<br><br>Transaction ID : 6BA2475BF502F47B7  |                                                                                                                                                                |
| CITY<br>Homewood                                                                                                                                                            | STATE<br>AL        | ZIP CODE<br>35209-3502                                      | Date (month, day, year)<br>10/28/2022                                                                                                                          |
| Amount<br>1000.00                                                                                                                                                           |                    | Occupation                                                  |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>BEEF-PAC (BEEF POLITICAL ACTION COMMITTEE OF TEXAS CATTLE FEEDERS ASSOCIATION)                                                                       |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS<br>5501 W I-40                                                                                                                                              |                    | Name of Employer<br><br>Transaction ID : 60283DE465FD440AC  |                                                                                                                                                                |
| CITY<br>AMARILLO                                                                                                                                                            | STATE<br>TX        | ZIP CODE<br>79106                                           | Date (month, day, year)<br>10/28/2022                                                                                                                          |
| Amount<br>2500.00                                                                                                                                                           |                    | Occupation                                                  |                                                                                                                                                                |
| <b>C. FULL NAME</b>                                                                                                                                                         |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS                                                                                                                                                             |                    | Name of Employer                                            |                                                                                                                                                                |
| CITY                                                                                                                                                                        | STATE              | ZIP CODE                                                    | Date (month, day, year)                                                                                                                                        |
| Amount                                                                                                                                                                      |                    | Occupation                                                  |                                                                                                                                                                |
| <b>D. FULL NAME</b>                                                                                                                                                         |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS                                                                                                                                                             |                    | Name of Employer                                            |                                                                                                                                                                |
| CITY                                                                                                                                                                        | STATE              | ZIP CODE                                                    | Date (month, day, year)                                                                                                                                        |
| Amount                                                                                                                                                                      |                    | Occupation                                                  |                                                                                                                                                                |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    |                                                             |                                                                                                                                                                |
| MAILING ADDRESS                                                                                                                                                             |                    | Name of Employer                                            |                                                                                                                                                                |
| CITY                                                                                                                                                                        | STATE              | ZIP CODE                                                    | Date (month, day, year)                                                                                                                                        |
| Amount                                                                                                                                                                      |                    | Occupation                                                  |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Teinert, Joshua, ,                                                                                                                           |                    | <b>DATE</b><br>11/01/2022                                   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| [Electronically Filed]                                                                                                                                                      |                    |                                                             |                                                                                                                                                                |

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 03/2016)