## FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)			
CLOUD, MICHAEL, , , (b) Address (number and street) PO BOX 7027	□ Check if address changed		2. Candidate's FEC Identification Number H8TX27049
(c) City, State, and ZIP Code			3. Is This New Amended
VICTORIA TX 77903		Statement (N) OR (A)	
4. Party Affiliation	5. Office Sought	6. State & Distr	rict of Candidate
Rep	House	тх	27
DE	SIGNATION OF PRINCIP	AL CAMPAIGN	
7. I hereby designate the following nar	med political committee as my Princi	pal Campaign Comn	nittee for the $2024$ election(s). (year of election)
NOTE: This designation should be f	iled with the appropriate office listed	in the instructions.	
(a) Name of Committee (in full) CLOUD FOR CONC	GRESS		
(b) Address (number and street) PO BOX 7027			
(c) City, State, and ZIP Code			
VICTORIA		ТХ	77903
candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	iled with the principal campaign corr	mittee.	nmittee, to receive and expend funds on behalf of my
(b) Address (number and street) PO BOX 30844			
(c) City, State, and ZIP Code			
BETHESDA		MD	20824
I certify that I have exa	mined this Statement and to the bes	st of my knowledge a	nd belief it is true, correct and complete.
Signature of Candidate			Date
CLOUD, MICHAEL, , ,	[.	Electronically Filed]	12/07/2022
NOTE: Submission of false, erroneous	, or incomplete information may subj	ect the person signin	ng this Statement to penalties of 2 U.S.C. §437g.
			FEC FORM 2 (REV. 02/200