

# 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><b>CLOUD FOR CONGRESS</b>                                                                                                               |  |                    |                                                             |                          |
| <b>ADDRESS</b> (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>Reddy, Vishnu, , Dr.,        |                    |                               | Name of Employer<br>Self Employed          |                           | Date (month, day, year)<br>02/24/2022 |                                                                                                                                                                | Amount<br>2900.00 |  |
| <b>MAILING ADDRESS</b><br>38 E Bar Le Doc Dr        |                    |                               | <b>Transaction ID : 655C01F8DA0224D06</b>  |                           |                                       |                                                                                                                                                                |                   |  |
| <b>CITY</b><br>Corpus Christi                       | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>78414-6249 | Occupation<br>Physician                    |                           |                                       |                                                                                                                                                                |                   |  |
| <b>B. FULL NAME</b><br>Motl, Evelyn, O., Ms.,       |                    |                               | Name of Employer<br>Retired                |                           | Date (month, day, year)<br>02/24/2022 |                                                                                                                                                                | Amount<br>1000.00 |  |
| <b>MAILING ADDRESS</b><br>504 Angus St              |                    |                               | <b>Transaction ID : 6C4701D3C1A9846E3</b>  |                           |                                       |                                                                                                                                                                |                   |  |
| <b>CITY</b><br>Victoria                             | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>77904-2838 | Occupation<br>Retired                      |                           |                                       |                                                                                                                                                                |                   |  |
| <b>C. FULL NAME</b><br>Uihlein, Richard, , ,        |                    |                               | Name of Employer<br>Uline                  |                           | Date (month, day, year)<br>02/24/2022 |                                                                                                                                                                | Amount<br>2900.00 |  |
| <b>MAILING ADDRESS</b><br>1396 N Waukegan Rd        |                    |                               | <b>Transaction ID : 66007047E0D4A4BA1</b>  |                           |                                       |                                                                                                                                                                |                   |  |
| <b>CITY</b><br>Lake Forest                          | <b>STATE</b><br>IL | <b>ZIP CODE</b><br>60045-1147 | Occupation<br>CEO/Owner                    |                           |                                       |                                                                                                                                                                |                   |  |
| <b>D. FULL NAME</b><br>Uihlein, Richard, , ,        |                    |                               | Name of Employer<br>Uline                  |                           | Date (month, day, year)<br>02/24/2022 |                                                                                                                                                                | Amount<br>2900.00 |  |
| <b>MAILING ADDRESS</b><br>1396 N Waukegan Rd        |                    |                               | <b>Transaction ID : 694A779B661424585.</b> |                           |                                       |                                                                                                                                                                |                   |  |
| <b>CITY</b><br>Lake Forest                          | <b>STATE</b><br>IL | <b>ZIP CODE</b><br>60045-1147 | Occupation<br>CEO/Owner                    |                           |                                       |                                                                                                                                                                |                   |  |
| <b>E. FULL NAME</b><br>Reddy, Vishnu, , Dr.,        |                    |                               | Name of Employer<br>Self Employed          |                           | Date (month, day, year)<br>02/24/2022 |                                                                                                                                                                | Amount<br>2100.00 |  |
| <b>MAILING ADDRESS</b><br>38 E Bar Le Doc Dr        |                    |                               | <b>Transaction ID : 6CF95231FC75C4658</b>  |                           |                                       |                                                                                                                                                                |                   |  |
| <b>CITY</b><br>Corpus Christi                       | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>78414-6249 | Occupation<br>Physician                    |                           |                                       |                                                                                                                                                                |                   |  |
| <b>SIGNATURE (optional)</b><br>Teinert, Joshua, , , |                    |                               |                                            | <b>DATE</b><br>02/26/2022 |                                       | <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 |                   |  |
| <b>[Electronically Filed]</b>                       |                    |                               |                                            |                           |                                       |                                                                                                                                                                |                   |  |

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)

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| <b>1. NAME OF COMMITTEE IN FULL</b><br>CLOUD FOR CONGRESS                                                                                                                                 |                                                                             |                                                             |                       |
| <b>ADDRESS</b> (number and street) PO BOX 7027                                                                                                                                            |                                                                             |                                                             |                       |
| <b>CITY, STATE, and ZIP CODE</b><br>VICTORIA TX 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                                                                                                                                          |                                                                             | <i><b>continuation page</b></i>                             |                       |
| <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, MAILING ADDRESS AND ZIP CODE</b><br>ACTION COMMITTEE FOR RURAL ELECTRIFICATION<br><br>4301 Wilson Blvd<br><br>Arlington VA 22203-4419                                    | Name of Employer<br><br>Transaction ID : 6F6EE178843A54FD28DE<br>Occupation | Date (month, day, year)<br><br>02/25/2022                   | Amount<br><br>1000.00 |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Exxon Mobil Corporation PAC (Exxonmobil Pac)<br><br>PO Box 57189<br><br>Washington DC 20037-0189                                     | Name of Employer<br><br>Transaction ID : 6C758E28C3DAC43B4B40<br>Occupation | Date (month, day, year)<br><br>02/25/2022                   | Amount<br><br>2500.00 |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>COMCAST CORPORATION & NBCUNIVERSAL<br>POLITICAL ACTION COMMITTEE - FEDERAL<br>1701 JFK BLVD, 49TH FLOOR<br><br>PHILADELPHIA PA 19103 | Name of Employer<br><br>Transaction ID : 65187C25DB17D4BD3B0C<br>Occupation | Date (month, day, year)<br><br>02/25/2022                   | Amount<br><br>2000.00 |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                                         | Name of Employer<br><br>Occupation                                          | Date (month, day, year)                                     | Amount                |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                                         | Name of Employer<br><br>Occupation                                          | Date (month, day, year)                                     | Amount                |