

FEC
FORM 1STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

04 FEB -2 PM 12: 59

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12 FEB 4M5

MICHAEL CLOUD FOR US SENATE

ADDRESS (number and street)

16 GOODMAN LN

(Check if address
is changed)

WAYLAND

MA

01775-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01

20

2004

3. FEC IDENTIFICATION NUMBER ▶

C00367763

4. IS THIS STATEMENT



NEW (N)

OR



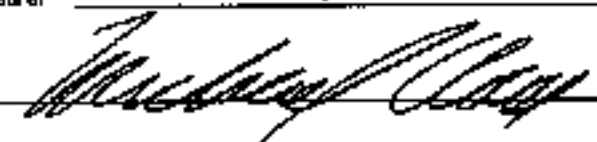
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael Cloud

Signature of Treasurer



Date

01

26

2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-684-1100FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:☐

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| ☐ Corporation | ☐ Corporation w/o Capital Stock | ☐ Labor Organization |
| ☐ Membership Organization | ☐ Trade Association | ☐ Cooperative |

Write or Type Committee Name

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

Full Name _____

Mailing Address _____

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ 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
of Treasurer _____

Mailing Address _____

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

Full Name of
Designated
Agent _____

Mailing Address _____

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

24020061804
24020061804

Michael Cloud for US Senate
Woodman LA
Maryland MA-01775

7003 2260 0007 0316 0926

CERTIFIED MAILSM

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, PO BOX 1010101



7003 2260 0007 0316 0926

Office of Public Records
PO Box 5108
Alexandria, VA 22301-0109

3
1/28/01



9251



22301

U.S. POSTAGE
PAID
FRIEDMAN, MD
01721
JAN 25 1991
FACILITY

\$2.67
00030003-29

04 FEB -2 PM 12:59
SECRETARY OF THE SENATE

Date Prepared

24020061806
24020061806

