

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

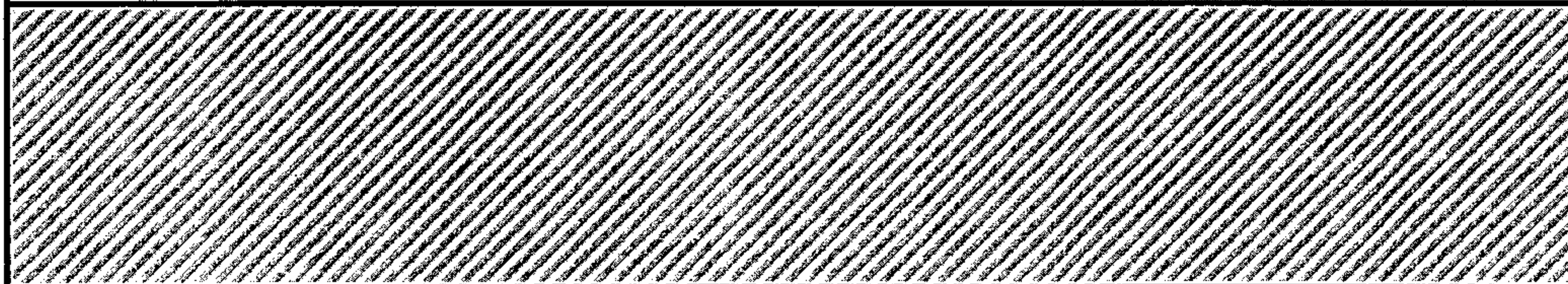
☐ Amendment

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
Cruz	Rafael E. (Ted)	2012	Senator Ted Cruz
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed
SD-B40B	202-224-5922		

AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, complete and attach PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your <u>FIRST</u> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response



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3 MAY 2013
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OFFICE OF THE CLERK
U.S. SENATE

Reporting Individual's Name TED CRUZ		PART II. EARNED AND NON-INVESTMENT INCOME			Page Number 2
<p>Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.</p> <p>Individuals not covered by the Honoraria Ban: For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.</p>					
Name of Income Source		Address (City, State)		Type of Income	Amount
Example:	JP Computers	Wash., DC	Example	Salary	Example
	MCI (Spouse)	Arlington, VA	Example	Salary	Example
1	MORGAN, LEWIS & BOCKIUS LLP	HOUSTON, TX		SALARY	\$1,019,311 Over \$1,000
2	GOLDMAN SACKS & Co. (spouse)	HOUSTON, TX		SALARY	Over \$1,000
3	YOUNG AMERICA'S FOUNDATION	SANTA BARBARA, CA		HONORARIUM	\$10,000
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Reporting Individual's Name

TED CRUZ

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

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BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child. (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income

Amount of Income

your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S, Example: DC, or J						X										X						Example		X										Example	
(S) Keystone Fund						X													X			Example	X											Example	
1		BFK					X									X											X								
2		GSMTX			X											X									X										
3		GSHIX		X												X									X										
4		GIMDX		X												X									X										
5		GHYIX			X											X										X									
6		CVX				X										X										X									
7		XOM				X										X										X									
8		GS		X												X								X											
9		OKE				X										X										X									
10		EPD				X										X										X									

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

☐ Amendment

TED CRUZ

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

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BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C

Type and Amount of Income

Type of Income

Amount of Income

None (or less than \$1,001)											
\$1,001 - \$15,000											
\$15,001 - \$50,000											
\$50,001 - \$100,000											
\$100,001 - \$250,000											
\$250,001 - \$500,000											
\$500,001 - \$1,000,000											
Over \$1,000,000***											
\$1,000,001 - \$5,000,000											
\$5,000,001 - \$25,000,000											
\$25,000,001 - \$50,000,000											
Over \$50,000,000											
None											
Dividends											
Rent											
Interest											
Capital Gains											
Excepted Investment Fund											
Excepted Trust											
Qualified Blind Trust											
Other (Specify Type)											
None (or less than \$201)											
\$201 - \$1,000											
\$1,001 - \$2,500											
\$2,501 - \$5,000											
\$5,001 - \$15,000											
\$15,001 - \$50,000											
\$50,001 - \$100,000											
\$100,001 - \$1,000,000											
Over \$1,000,000***											
\$1,000,001 - \$5,000,000											
Over \$5,000,000											
Actual Amount Required if "Other" Specified											

Example: S, IBM Corp. (stock)
DC, or J (S) Keystone Fund

1		GSTIX
2		GSLIX
3		GSSIX
4		GSAIX
5		ROTH IRA (spouse) GIDGX
6		GS Money Market
7		BANK OF AMERICA SAVINGS
8		AMERICAN EXPRESS SAVINGS
9		ING DIRECT SAVINGS
10		JP MORGAN SAVINGS

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

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Reporting Individual's Name

TED CRUZ

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
												Type of Income							Amount of Income															
		At the close of reporting period. If None, or less than \$1,001, Check the first column.										If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																						
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example:	S, IBM Corp. (stock)				X								X								Example	X										Example		
	or J (S) Keystone Fund					X												X			Example	X										Example		
1	CITIBANK SAVINGS	X														X						X												
2	VTIHX (Morgan Lewis Defined Contribution)					X												X				X												
3	GGOIX (401K)			X														X				X												
4	HWMIX (401K)			X														X				X												
5	VGSIX (401K)			X														X				X												
6	VFORX (401K)			X														X				X												
7	BIGIX (401K)			X														X				X												
8	BANCORP BANK HSA	X														X						X												
9	BLACKROCK LIFEPATH SPOUSE PORTFOLIO, TARGET 2035 401K					X												X				X												
10	FIDELITY-529 MA 2027 Portfolio					X												X				X												

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

TED CRUZ

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

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BLOCK A

Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income

Amount of Income

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																					
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000
Example:	S, DC, or J				X										X							Example		X									Example
	(S) Keystone Fund					X													X			Example	X										Example
1	USAA 529 - AGG BASED AGGRESSIVE GROWTH			X														X				X											
2	USAA 529 - AGGRESSIVE GROWTH			X														X				X											
3	USAA 529 - MODERATE			X														X				X											
4	USAA 529 - BALANCED			X														X				X											
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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BLOCK A
Identity of Non-Publicly Traded
Assets and Unearned Income Sources

Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

S,	JP Computer, Software Design,
Example: DC,	Wash DC
or J	Undeveloped land, Dubuque, Iowa

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

None (or less than \$1,001)
\$1,001 - \$15,000
\$15,001 - \$50,000
\$50,001 - \$100,000
\$100,001 - \$250,000
\$250,001 - \$500,000
\$500,001 - \$1,000,000
Over \$1,000,000***
\$1,000,001 - \$5,000,000
\$5,000,001 - \$25,000,000
\$25,000,001 - \$50,000,000
Over \$50,000,000

Amount of Income

None	
Dividends	
Rent	
Interest	
Capital Gains	
Excepted Investment Fund	
Excepted Trust	
Qualified Blind Trust	
Other (Specify Type)	
None (or less than \$201)	
\$201 - \$1,000	
\$1,001 - \$2,500	
\$2,501 - \$5,000	
\$5,001 - \$15,000	
\$15,001 - \$50,000	
\$50,001 - \$100,000	
\$100,001 - \$1,000,000	
Over \$1,000,000***	
\$1,000,001 - \$5,000,000	
Over \$5,000,000	
Actual Amount Required if "Other" Specified	

[illegible]

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name

TED CRUZ

PART VII. LIABILITIES

Page Number

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Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

				Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)										
Name of Creditor		Address	Type of Liability				\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
Example:	S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			X	E	X	A	M	P	L	E
	(J)	John Jones	Wash., DC	Promissory Note	2000	10%	On dmd			X	E	X	A	M	P	L	E
1	<input type="checkbox"/>	CITIBANK	NEW YORK, NY	LAW FIRM CAPITAL ACCOUNT LOAN	2008	1.25%	10 yrs				X						
2	<input type="checkbox"/>	CITYBANK	NEW YORK, NY	LINE OF CREDIT	2012	PRIME Floating	-				X						
3	<input type="checkbox"/>	GOLDMAN SACHS MARGIN LOAN	NEW YORK, NY	MARGIN LOAN	2012	31. Floating	-				X						
4	<input type="checkbox"/>																
5	<input type="checkbox"/>																
6	<input type="checkbox"/>																
7	<input type="checkbox"/>																
8	<input type="checkbox"/>																
9	<input type="checkbox"/>																
10	<input type="checkbox"/>																
11	<input type="checkbox"/>																
12	<input type="checkbox"/>																

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

TED CRUZ

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

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Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY EXAMPLE	Non-profit education	President	6 / 91	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7 / 96	11 / 1X
1	FREE ENTERPRISE INSTITUTE	HOUSTON, TX	NON-PROFIT EDUCATION	TRUSTEE	10 / 11	PRESENT
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Compensation in excess of \$200 from any position must be reported in Part II.