Last Name

## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS Amendment | Senate | Calendar Year Covered by Report | Senator Ted Cruz

Cruz	Rafael E. (Ted)			2012	Senator Ted Cruz		
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone I	Number (Incli	ude Area Coo	e) Termination Report	in in I. De Stagen de Stagen (Stagen Stagen		
SD-B40B	202-224-5922			Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed		
AFTER READING THE INSTRUCT	TIONS – ANSW	ER EA	CH O	THESE QUESTIONS A	ND ATTACH THE RELEVA	ANT P	<b>ART</b>
		YES	NO			YES	NO
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the If Yes, complete and attach PART I.			X		nt child receive any reportable travel or porting period (i.e., worth more than VI.		X
Did you or your spouse have earned income (e.g., sal investment income of more than \$200 from any report reporting period? If Yes, complete and attach PART II.	_	X		Did you, your spouse, or depender (more than \$10,000) during the replif Yes, complete and attach PART	orting period?	X	
Did you, your spouse, or dependent child hold any rep more than \$1,000 at the end of the period, or receive investment income of more than \$200 in the reporting If Yes, complete & attach PART IIIA and/or IIIB.	unearned or			Did you hold any reportable position current calendar year? If Yes, complete and attach PART	ns on or before the date of filing in the	X	
Did you, your spouse, or dependent child purchase, so reportable asset worth more than \$1,000 in the report If Yes, complete and attach PART IV.			X	Do you have any reportable agreed entity? If Yes, complete and attach PART	ment or arrangement with an outside		X
Did you, your spouse, or dependent child receive any reporting period (i.e., aggregating more than \$350 and exempt)?  If Yes, complete and attach PART V.	•		X	If this is your FIRST Report: Did you \$5,000 from a single source in the If Yes, complete and attach PART	· •	<u> </u>	$\times$
Each question must l	oe answered a	nd the	appro	priate PART attached for	تن each "YES" response	CRET	
					FOR OFFICHAL Do Not Write-B	* .	<u>*</u>

Reporting Indi	ividual's Name
100	CRUZ

## PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

2

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.

## 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.

	Name of Income Source	Address (City, State)	Type of Income	Amount
Example:	JP Computers  MCI (Spouse)	Wash., DC Example .  Arlington, VA Example	Salary Example Salary Example	\$15,000 Over \$1,000
1 Má	RGAN, LEWIS & BOCKIUS LLP	HOUSTON, TX	SALALY	\$1,019,351
2 Gé	NDMAN SACHS & Co. (Spouse)	HOUSTON, TX		Over \$1000
3 40	UNG AMBRICA'S FOUNDATION	SANTA BARBARA, CA	HONORARIUM	\$10,000
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Reporting Individual's Name  TED CRUZ	Ρ	AR	T III	IA.	P	UE	3LI	Cl	_Y	TR	AI	DE	D A	AS	SE	TS	A	ND	U	NE	ARNE	Đ	IN	CO	M	E S	SO	UR	CE	S		•	Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each public	clv		At t	Valu the c	u <b>ati</b> c dose e, or	on of receives	eport s that	Asse ting p n \$1,	perio ,001,	d.				lf "!	None	e (or				)1)" i:	ype and s Checked received	d Ar I, no	othe	ı <b>nt</b> r ent	<b>of I</b> try is	nee	ded	in Bi				t iten	n. This
traded asset held by you, your spouse, o	-			Che	eck tl	he tir	rst co	olum	ın.							Гур	e of	f Inc	om	ne						Am	oui	nt o	f In	con	ne		
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.	than \$1,001)	<u>-</u>	5,001 -	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	0,000	\$5,000,001 - \$25,000,000	00	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)		\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	<del>**</del>	\$100,001 - \$1,000,000	8	\$1,000,001 - \$5,000,000	000'0	Actual Amount Required if "Other" Specified
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or J (S) Keystone Fund			╁		X	$\dashv$	$\dashv$	$\dashv$	_				$\vdash$	./				Х			Example	X				- 1					$\vdash$	$\vdash$	Example
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TED C	RUZ		<u> </u>	• 11	i/\.		- 0	<u></u>		_ r	11	<u> </u>		. <u>U</u>	AS			<b>-</b>	INL		INE	EARIN	<u> </u>	IIN	<u> </u>	) IVI		—	UK —	.GE	:5			<u>4</u>
And Un Report the co traded asset	BLOCK A of Publicly Traded Assets earned Income Sources omplete name of each publicly held by you, your spouse, or ent child, (See p.3,			At	Val the of Non Ch	uati dose ne, o	e of r	of a	Ass ting in \$1	perio	od.						Тур	e o	f Inc	con		Type an			K C				nt o	f In	cor	ne		
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or J	(S) Keystone Fund			<u> </u>		Х								⊩	-	┝		-	X			Example	Х				<u> </u>		<b></b>		<u> </u>			Example
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Reporting Individual's Name  TED CRU2	P	AR	TII	IA.	P	'UE	3L(	ICL	_Y	TR	AI	DE	D A	ΑŚ	SE	TS	A	ND	U	NE	ARNE	ED.	IN	CO	M	E S	0	JR	CE	ES		Pag	ge Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicle.			At	the c f Non	uati close ne, or	of re	of A eport s that	Asse ting p n \$1	perio ,001,	d.				lf "i	None	e (or	less inc	than:lude:	\$20 s inc	1) <b>"</b> is	ype and s Checked received	A L I, no	noι othe	er ent	of I	nee	ded	in Bl	ock indiv	C for	r that	t iten	n. This
traded asset held by you, your spouse,	-			Che	eck ti	he fir	rst co	olum	ın.				一		7	Гур	e o	fino	om	е						Am	oul	nt o	f In	cor	— ne		
your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income of 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.	he (1001)	1 - \$15,000	,001 - \$50	\$50,001 - \$100,000	001		\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	00,0001 - \$25,000,00	\$25,000,001 - \$50,000,000	Over \$50,000,000		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	8	Actual Amount Required if "Other" Specified
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or J (S) Keystone Fund,		1./	<del>                                     </del>		X	$\dashv$	$\dashv$	$\dashv$		-			$\vdash$					Х			Example									_			Example
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Reporting Individual's Name	P	AR'	T []	IA.	P	U	3L1	CL	_Y	TR	AI	DE	D A	AS	SE	TS	A	NC	U	NE	ARNE	ED	IN	co	ME	E S	0	JR	CE	S		Page	Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each public			At	the o	uati close ne, or	on of re	eport s that	ing p	perio ,001	d.				lf *	None	e (or				01)" is	ype and s Checked received	d Ar I, no	<b>nοι</b> othe	r ent	of lu	nee	ded	in Blo				item	. This
traded asset held by you, your spouse, o	- 6			Ch	eck t	he fi	rst co	olum	IN.							Гур	e o	f Ind	con	ne						Am	our	nt of	f In	con	ue		
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.	than \$1,001)	000	15,001 - \$50	\$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	00,001 - \$25,0	\$25,000,001 - \$50,000,000	Over \$50,000,000	Φ	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***	.000,001	000	Actual Amount Required if "Other" Specified
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EXEMPTION TEST (see instructions before marking b				_											-												-		pprot	oriate	<del></del>		

	ndividual's Name		PA	RT	- []]	В.	N	ON	1-P	UE	BLI	CL	ΥT	R.A	۱D	ED	AS	SSE	ETS	A	ND	UN	NEARN	ŧΕC	) IN	ICC	DΜ	ES	SOL	JR	CE	S		Page	e Number
Assets	BLOCK A  ntity of Non-Publicly Traded and Unearned Income Source he name, address (city, state and				At t	the c	u <b>ati</b> dose e, or	on of re	epons tha	Ass ting   n \$1	perio ,001	od.			•							T	ype and		OC.			nco	me				•		
descript	ion) of each interest held by you,					Çn	eck t	ne 11	irst c	olun	nn.							Тур	e o	f Inc	con	1 <b>e</b>						Am	our	nt o	f In	con	ne		
p.3, COllinstruction investigations investigated business (1) had closs (2) get incolling include the trade assets had asset had asset had asset had asset had asset had as a set as a se	d a value exceeding \$1,000 at the of the reporting period; and/or nerated over \$200 in "unearned" me during the reporting period. the above report for eaching asset, which is not incidental e or business. Publicly traded teld by non-public entity may be Part IIIA.	e e	ភា	\$1,001 - \$15,000		۳	'	\$250,001 - \$500,000	\$500,001 - \$1,000,000	8	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	$\Xi$	ΙŽΙ	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	True T	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	•	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	₹	\$1,00	0,00	5,000,	Actual Amount Required if "Other" Specified
Example:	S, JP Computer, Software Design, DC, Wash DC or J Undeveloped land, Dubuque, low	а	$\frac{1}{2}$	-		х	х	_		·				ļ	X	X							Example Example	X	X										Example Example
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3	TEXAS ERS RETIREMENT	T			X										X									X									·		
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	N TEST (see instructions before marking begory applies only if the asset is/was held in																													s ap	propr	iate.			

Re	porting Indi	vidual's I			PART VII.	LIAB	ILITIE	S	·								Page	Numbe	
du pe se	ONTEN ring the riod. E cured b	TS Control	F REPORTS Part orting period. Chec le: (1) Mortgages of tomobiles, househo	B of Instructions), to a k the highest amount n your personal resided the state of	se, or dependent child (See p.3 any one creditor at any time owed during the reporting ences unless rented; (2) loans aces; and (3) liabilities owed to for reporting revolving charge	Date Incurred	Interest Rate	Term if Applicable	000,31\$ - 100	- \$50,000	- \$100,000	1 - \$250,000	f Ar 000,000\$ - 100;	1 - \$1,000,000	***000,000	01 - \$5,000,000	01 - \$25,000,000	001 - \$50,000,000	\$50,000,000
	Na	ame d	of Creditor	Address	Type of Liability				\$10,	\$15,001	\$50,	\$100	\$250	\$500	Over	\$1,0	\$5,0	\$25,	Ove
	Example:	S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			X		E	Х	Α	М	P	_L	
i '	-	or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				x	E	х	A	М	Р	니	E
1		Ca	BANK	NEW YOLK, NY	LAW FRM CAPITAL ACCOUNT LOAN	2008	1,25%	10 475					X						
2			1BANK	NEW YOCK, NY	LINE OF CREDIT		PRIME - Floating	1					X						
3		GOL M	ARGIN WAN	NEW YORK, NY	MARGIN LOAN	2012	31. Glorbay	-					X						
4			· · · · · · ·															$\square$	
5						· · · · · · · · · · · · · · · · · · ·													
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EXI	EMPTION	TEST	see instructions before m	arking box): If you omitted any	y asset because it meets the three-part test fo e or dependent child. If the asset is/was either h	r exemption	n described	in the ins	truction	ons, pl	ease	check	box t	o the	right.	<b>.</b>			$\neg$

Reporting Indi	vidual's Name
(ED)	CRUZ

## PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

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.

	N	ame of Organization	Address (C	ity, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Fy:	ample:	National Assn. of Rock Collectors	NY,NY EXA	MPLE	Non-profit education	President	6/91	Present
	итрю.	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/96	11 / 1X
1	FRE	E ENTERPRISE TUSTITUTE	HOUSTON, T	· <u>×</u>	NON-PROFIT EDUCATION	TRUSTEE	rolli	PRESENT
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Compensation in excess of \$200 from any position must be reported in Part II.