[redacted]

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 Edward	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-185	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.	☐	☒	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.	☐	☒
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.	☒	☐	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.	☒	☐
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.	☒	☐	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.	☒	☐
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.	☐	☒	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	☒	☐
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.	☐	☒	If this is your FIRST Report: Did you receive compensation of more than $5,000 from a single source in the two prior years? If Yes, complete and attach PART X.	☐	☒

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

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Reporting Individual's Name | ☒ Amendment

Ted Cruz

PART IIIA. PUBLICLY TRADE[illegible]ND UNEARNED INCOME SOURCES

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 PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset 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

	Block A	Block B: 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	Block C: Type of Income — None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income — 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, DC, or J	*IBM Corp. (stock)*				X									X								*Example*		X										*Example*
	(S) Keystone Fund					X													X			*Example*	X											*Example*
1	GSTIX (J)			X										X										X										
2	GSLIX (J)			X										X										X										
3	GSSIX (J)			X										X										X										
4	GSAIX (J)		X											X									X											
5	Roth IRA GIDGX (S)			X										X										X										
6	GS Money Market (J)						X										X						X											
7	Bank of America Savings (J)			X													X							X										
8	American Express Savings (J)		X														X						X											
9	ING Direct Savings (J)		X														X						X											
10	JP Morgan Savings (J)		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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