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05/16/2024 15 : 54

PAGE 1 / 10 -

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		Office	PAGE 1 / 10
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Ted Cruz for Sena	ate			]
	PO BOX 25376			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>			TX 77265	
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	RESS			
(Check if address is changed)	compliance@compliancecor	sultingva.com		
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	NDDRESS (URL)           www.tedcruz.org			
2. DATE 05 /	16 / Y Y Y Y 2024			
3. FEC IDENTIFICATION	NUMBER ► C CO	0492785		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best of	of my knowledge and belief it i	s true, correct and co	mplete.
Type or Print Name of Treasu	irer Knippa, Bradley, Scott, ,			
Signature of Treasurer Kn	ippa, Bradley, Scott, ,		Date 05	16 / Y Y Y Y 2024
NOTE: Submission of false, erro	oneous, or incomplete information n ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		alties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		C FORM 1 Revised 06/2012)

-	
EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Cruz, Rafael, Edward Ted, ,	
Candidate Office	State TX
Party Affiliation REP Sought: House X Senate President	District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nome of	
Name of Candidate	
Party Committee:       (National, State       (Democration of subordinate) committee of the       (Democratication of subordinate)         (d)       This committee is a       (National, State       Republication of subordinate)	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock	<sup>r</sup> Organization
Membership Organization Trade Association Coop	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	

	In addition,	this	committee	is a	Leadership	PAC.	(Identify	sponsor	on	line	6.)
--	--------------	------	-----------	------	------------	------	-----------	---------	----	------	-----

This committee is an independent expenditure-only political committee (Super PAC). (g)

In addition, this committee is a Lobbyist/Registrant PAC.

This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). (h)

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С

2.  Г

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	Τe	ed	Cr	uz	fo	or S	Se	en	at	te																																
6.	Nan	ne c	of An	y Co	nn	ect	ed	Org	gar	niza	itio	<b>n</b> , .	Aff	ilia	tec	I C	om	imi	ttee	e, J	oir	nt F	un	dra	isir	ng	Re	pre	se	nta	tive	e, o	r L	eac	ler	shi	ρF	'nC	Sp	on	sor	٢
	Te	ed (	Cruz	z Vi	cto	ory	С	сm	۱m	itte	ee																															1
														1																												

Mailing Address	PO BOX 25376		
		TX 77265	
	CITY 🔺	STATE A	ZIP CODE
Relationship: Connected	d Organization 🔲 Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Sponsor

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

, H	bbs, Cabell, , ,
Full Name	
Mailing Address	PO BOX 25376
	HOUSTON
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant Treasurer	Telephone number     512     -     480     -     0006

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	Knippa, Bradley, Scott, ,		
Mailing Address	PO BOX 25376		
		TX 77265	
	CITY ▲	STATE A	ZIP CODE
Title or Position	•		
Treasurer		Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Hobbs, Cabell, , ,	
Mailing Address	PO BOX 25376	
	HOUSTON TX 77265	
		P CODE ▲
Title or Position		
Assistant Treasu		

## 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Plains	Capital Bank		
Mailing Address	919 Congress Ave		
	Austin	TX 7870	1
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, Depository,	etc.		
	3ank		
Mailing Address	2200 Wilson Blvd		
	Suite 100		
	CITY A	STATE A	ZIP CODE

I				
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Connected	d Organization, Af	filiated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
CORNYN VICTORY	COMMITTEE			
Mailing Address	PO BOX 13026	6 		
	AUSTIN			78711
Relationship:		CITY A	STATE 🔺	ZIP CODE 🔺
Connect	ed Organization		oint Fundraising Represent	
Connect Designated Agent: Identi Full Name		Affiliated Committee X J	oint Fundraising Represent	
Connect		Affiliated Committee X J	oint Fundraising Represent	
Connect Designated Agent: Identi Full Name		Affiliated Committee X J	oint Fundraising Represent	
Connect Designated Agent: Identi Full Name		Affiliated Committee X J	oint Fundraising Represent	
Connect Designated Agent: Identi Full Name	ify by name, addres	Affiliated Committee X J	oint Fundraising Represent	
Connect Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, addres	Affiliated Committee	oint Fundraising Representa	ative Leadership PAC Spons

5(g) or (h).	Joint Fundraising	Participant:					
1.					FEC ID number	С	
2.					FEC ID number	С	
з. 🗋					FEC ID number	С	
4.					FEC ID number	С	
	-	-	ated Committee, Jo	int Fundrais	sing Representativ	e, or Leadership	PAC Sponsor
2023	SENATORS CLA		TEE				
M	ailing Address	228 S. WASHING					
		SUITE 115					
						22314	
Re	elationship:				STATE A	ZIP	
	Connected	Organization	Affiliated Committee	X Joint Fu	undraising Represent	ative Leaders	ship PAC Sponsor
8. Designa			Affiliated Committee (phone number – op		undraising Represent	ative Leaders	ship PAC Sponsor
-					undraising Represent	ative Leaders	ship PAC Sponsor
Full	ted Agent: Identify I				undraising Represent	ative Leaders	ship PAC Sponsor
Full	ted Agent: Identify I				undraising Represent	ative Leaders	ship PAC Sponsor
Full	ted Agent: Identify I				undraising Represent	ative Leaders	ship PAC Sponsor
Full Mail	i <b>ted Agent:</b> Identify I	by name, address			undraising Represent		ship PAC Sponsor
Full Mail	ted Agent: Identify I Name	by name, address	(phone number – op	otional)			

Depository, etc.	arshall Bank		
Mailing Address	1625 K Street NW Suite 1050		
	Washington	DC	20006
	CITY A	STATE A	ZIP CODE

1.			$\frown$
		FEC ID number	С
I		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecter	I Organization, Affiliated Committee, Joint Fund	raising Representativ	e or Leadershin PAC Snons
TEAM MCCONNELL			
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
		VA	22314
		STATE A	
Relationship:			
Connecte		t Fundraising Represent	tative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Joint	t Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identit	ed Organization Affiliated Committee X Joint	t Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee X Joint	t Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee X Joint	t Fundraising Represent	tative Leadership PAC Spo
Connecter Designated Agent: Identif Full Name	ed Organization Affiliated Committee Joint	t Fundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Committee		

or(h). Joint Fun	draising Participant:	•						
1.				number	С			
2.			FEC ID	number	С			
3.				number	С			
4.			FEC ID	number	С			
Name of Any Con	nected Organization,	, Affiliated Committee, Joint F	undraising Rep	resentative	e, or Lea	adership	PAC Spo	onsor
BLACKBURN	CRUZ SCOTT VIC	TORY						
					<u> </u>			
Mailing Addre	ss 421 OFFIC	E PARK DR						
	MOUNTAI	NBROOK	1	AL	352	223		
				STATE		ZIP		
Relationship:								
Co	nnected Organization Identify by name, ad	Affiliated Committee	Joint Fundraising	Representa	ative	Leader	ship PAC	Sponso
Co				Representa		Leader	ship PAC	Sponso
Designated Agent:	Identify by name, ad			Representa		Leader	ship PAC	Sponso
Designated Agent:	Identify by name, ad			Representa		Leader	ship PAC	Sponso
Designated Agent:	Identify by name, ad			Representa		Leader	ship PAC	Sponso
Designated Agent: Full Name Mailing Address	Identify by name, ad		<b>I)</b>	Representa			ship PAC	Sponso
Designated Agent:	Identify by name, ad	ldress (phone number – optiona						Sponso
Designated Agent: Full Name Mailing Address	Identify by name, ad	ldress (phone number – optiona	<b>I)</b>					s
Designated Agent: Full Name Mailing Address TITLE OR PO	Identify by name, ad	Idress (phone number – optiona	I) 	STATE				
Designated Agent: Full Name Mailing Address TITLE OR PO	Identify by name, ad	Idress (phone number – optiona	I) 	STATE				
Designated Agent: Full Name Mailing Address TITLE OR PO	Identify by name, ad	Idress (phone number – optiona	I) 	STATE				
	Identify by name, ad	Idress (phone number – optiona	I) 	STATE				
	Identify by name, ad	Idress (phone number – optiona	I) 	STATE				
	Identify by name, ad	Idress (phone number – optiona	I) 	STATE				

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

5(g) or (h	n). Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6. <b>N</b> a	ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
l	2024 THUNE REPUB			
l				
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
			VA	22314
	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative
8. <b>D</b> e	esignated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b>	esignated Agent: Identify	by name, address (phone number - optional)		
— 8. De		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
—	Full Name	by name, address (phone number - optional)		
—	Full Name			<pre></pre>
—	Full Name		I I I I I I I I I I I I I I I I I I I	
	Full Name	Image: Image	lephone Number	
9. <b>Ba</b> sa Na	Full Name Mailing Address TITLE OR POSITION		lephone Number	s funds, holds accounts, rents
9. <b>Ba</b> sa Na	Full Name Mailing Address TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc	CITY A CITY A Tel ies: List all banks or other depositories in which t ntains funds.	lephone Number	s funds, holds accounts, rents
9. <b>Ba</b> sa Na	Full Name Mailing Address TITLE OR POSITION	CITY A CITY A Tel ies: List all banks or other depositories in which t ntains funds.	lephone Number	s funds, holds accounts, rents

L

5(g) or (l	h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6. N	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
		FUND		
	Mailing Address	PO BOX 25376		
				77265
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>D</b> e	esignated Agent: Identify	by name, address (phone number - optional)		
8. <b>D</b> e	esignated Agent: Identify	by name, address (phone number - optional)		
8. <b>D</b> e		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name			
8. De	Full Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
9. <b>B</b> i	Full Name		lephone Number	
9. <b>B</b> a sa Na	Full Name		lephone Number	
9. <b>B</b> a sa Na	Full Name Mailing Address TITLE OR POSITION		lephone Number	
9. <b>B</b> a sa Na	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or mai         ame of Bank,         epository, etc.		lephone Number	
9. <b>B</b> a sa Na	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or mai         ame of Bank,         epository, etc.		lephone Number	