

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |             |                                                            |                                                    |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE IN FULL<br>TED CRUZ FOR SENATE                                                                                                                     |             |                                                            |                                                    |                                                                                                             |
| ADDRESS (number and street) PO BOX 25376                                                                                                                                |             |                                                            |                                                    |                                                                                                             |
| CITY<br>HOUSTON                                                                                                                                                         |             | STATE<br>TX                                                |                                                    | ZIP CODE<br>77265                                                                                           |
| 2. NAME OF CANDIDATE<br>CRUZ, RAFAEL, EDWARD "TED", ,                                                                                                                   |             |                                                            | 3. OFFICE SOUGHT (State and District)<br>Senate TX |                                                                                                             |
| 4. FEC IDENTIFICATION NUMBER<br>C00492785                                                                                                                               |             |                                                            |                                                    |                                                                                                             |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                            |                                                    |                                                                                                             |
| A. FULL NAME<br>DENEEN, KIMMIE, , ,                                                                                                                                     |             | Name of Employer<br>RETIRED                                |                                                    | Date (month, day, year)<br>10/26/2024                                                                       |
| MAILING ADDRESS<br>3400 HOLLYWOOD BLVD                                                                                                                                  |             | Transaction ID : TX4958610                                 |                                                    | Amount<br>2500.00                                                                                           |
| CITY<br>SEBRING                                                                                                                                                         | STATE<br>FL | ZIP CODE<br>33875-                                         | Occupation<br>RETIRED                              |                                                                                                             |
| B. FULL NAME<br>GONZALES, ALFRED, PHILLIP, MR.,                                                                                                                         |             | Name of Employer<br>RETIRED                                |                                                    | Date (month, day, year)<br>10/27/2024                                                                       |
| MAILING ADDRESS<br>3030 KLAMATH AVE                                                                                                                                     |             | Transaction ID : TX4959822                                 |                                                    | Amount<br>1000.00                                                                                           |
| CITY<br>SIMI VALLEY                                                                                                                                                     | STATE<br>CA | ZIP CODE<br>93063-5732                                     | Occupation<br>RETIRED                              |                                                                                                             |
| C. FULL NAME<br>HAUDENSCHILD, ELOISA, , ,                                                                                                                               |             | Name of Employer<br>RETIRED                                |                                                    | Date (month, day, year)<br>10/26/2024                                                                       |
| MAILING ADDRESS<br>1640 LA JOLLA RANCHO RD                                                                                                                              |             | Transaction ID : TX4959053                                 |                                                    | Amount<br>3300.00                                                                                           |
| CITY<br>SAN DIEGO                                                                                                                                                       | STATE<br>CA | ZIP CODE<br>92037-                                         | Occupation<br>RETIRED                              |                                                                                                             |
| D. FULL NAME<br>HEFFELFINGER, FRANK, , , III                                                                                                                            |             | Name of Employer<br>RETIRED                                |                                                    | Date (month, day, year)<br>10/27/2024                                                                       |
| MAILING ADDRESS<br>8342 CREEKSIDE CIRCLE                                                                                                                                |             | Transaction ID : TX4959606                                 |                                                    | Amount<br>1000.00                                                                                           |
| CITY<br>BLOOMINGTON                                                                                                                                                     | STATE<br>MN | ZIP CODE<br>55437-                                         | Occupation<br>RETIRED                              |                                                                                                             |
| E. FULL NAME<br>HENDERSON, TERRY, , ,                                                                                                                                   |             | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS |                                                    | Date (month, day, year)<br>10/26/2024                                                                       |
| MAILING ADDRESS<br>1100 QUEENS COURT                                                                                                                                    |             | Transaction ID : TX4958845                                 |                                                    | Amount<br>1000.00                                                                                           |
| CITY<br>NAPERVILLE                                                                                                                                                      | STATE<br>IL | ZIP CODE<br>60563-                                         | Occupation<br>INFORMATION REQUESTED PER BI         |                                                                                                             |
| SIGNATURE (optional)<br>HOBBS, CABELL, , ,                                                                                                                              |             |                                                            | DATE<br>10/27/2024                                 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 03/2016)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>TED CRUZ FOR SENATE                                                                                                                     |  |                                                                                                                                            |  |
| ADDRESS (number and street) PO BOX 25376                                                                                                                                |  |                                                                                                                                            |  |
| CITY, STATE, and ZIP CODE<br>HOUSTON TX 77265                                                                                                                           |  |                                                                                                                                            |  |
| 2. NAME OF CANDIDATE<br>CRUZ, RAFAEL, EDWARD "TED", ,                                                                                                                   |  | 3. OFFICE SOUGHT (State and District)<br>Senate TX                                                                                         |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00492785                                                                                                  |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                                                            |  |
| continuation page                                                                                                                                                       |  |                                                                                                                                            |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>JACKSON, MARVIN, , ,<br><br>28619 SOUTH FIRETHORNE ROAD<br><br>KATY TX 77494-                                         |  | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS<br><br>Transaction ID : TX4958421<br>Occupation<br>INFORMATION REQUESTED PER BI |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>KRIOZERE, MICHAEL, , ,<br><br>6335 EL CAMINO DEL TEATRO<br><br>LA JOLLA CA 92037-                                     |  | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS<br><br>Transaction ID : TX4958706<br>Occupation<br>INFORMATION REQUESTED PER BI |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>LALA, GARY, , ,<br><br>1498 ISLAND GREEN LANE EAST<br><br>MIRAMAR BEACH FL 32550-                                     |  | Name of Employer<br>RETIRED<br><br>Transaction ID : TX4959363<br>Occupation<br>RETIRED                                                     |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>MUZYCZYN, JUDY, , MRS.,<br><br>P.O. BOX 53<br><br>KINGSVILLE TX 78364-0053                                            |  | Name of Employer<br>MIKES AIRCRAFT SHOP INC.<br><br>Transaction ID : TX4958720<br>Occupation<br>ADMIN                                      |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br><br>RUDOVSKY, PAUL, , ,<br><br>810 LAKE DORNOCH DR<br><br>PINEHURST NC 28374-                                             |  | Name of Employer<br>RETIRED<br><br>Transaction ID : TX4959050<br>Occupation<br>RETIRED                                                     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/26/2024                                                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                                          |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/26/2024                                                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                                          |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/26/2024                                                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                                          |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/26/2024                                                                                                      |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                                          |  |

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| CITY, STATE, and ZIP CODE<br>HOUSTON TX 77265                                                                                                                           |  |                                                                                                                                        |  |
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|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00492785                                                                                              |  |
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                                        |  |
| SHERRER, CHRISTINE, , ,<br>5779 MOUNTVILLE RD<br>ADAMSTOWN MD 21710-8902                                                                                                |  | Name of Employer<br>RETIRED<br>Transaction ID : TX4958332<br>Occupation<br>RETIRED                                                     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/26/2024                                                                                                  |  |
|                                                                                                                                                                         |  | Amount<br>1100.00                                                                                                                      |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                                        |  |
| TAYLOR, ERIC, , ,<br>100 EAST MONTECITO AVE<br>SIERRA MADRE CA 91024-                                                                                                   |  | Name of Employer<br>INFORMATION REQUESTED PER BEST EFFORTS<br>Transaction ID : TX4959568<br>Occupation<br>INFORMATION REQUESTED PER BI |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>10/26/2024                                                                                                  |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                                      |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                                        |  |
|                                                                                                                                                                         |  | Name of Employer                                                                                                                       |  |
|                                                                                                                                                                         |  | Occupation                                                                                                                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                                                |  |
|                                                                                                                                                                         |  | Amount                                                                                                                                 |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                                        |  |
|                                                                                                                                                                         |  | Name of Employer                                                                                                                       |  |
|                                                                                                                                                                         |  | Occupation                                                                                                                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                                                |  |
|                                                                                                                                                                         |  | Amount                                                                                                                                 |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                                        |  |
|                                                                                                                                                                         |  | Name of Employer                                                                                                                       |  |
|                                                                                                                                                                         |  | Occupation                                                                                                                             |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                                                |  |
|                                                                                                                                                                         |  | Amount                                                                                                                                 |  |

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