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FEC FORM 1

STATEMENT OF ORGANIZATION

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FORIVI I		,		Į.	OTHER USEAN CENTER
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
CRUZ FOR PR	ESIDE	NT		•	
				<u> </u>	
ADDRESS (number and street)		X 25376	1 1 1 1 1 1 1 1	<u> </u>	
(Check if address is changed)	ـــــا			<u> </u>	·
	HOUS	TON 		STATE ▲	7265
COMMITTEE'S E-MAIL ADD	RESS			1	¢
(Check if address is changed)	compl	liance@complian	ceconsultingva.com	1 1 1 1 1 1	
is changes,	Options	al Second E-Mail Ad	dress		
				1 1 1 1 1	
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is changed)		11111			
2. DATE 03 '	23 / Y	2015			
3. FEC IDENTIFICATION	NUMBER	▶ C			
4. IS THIS STATEMENT	⊠ NE/	W (N) OR	AMENDED (A)		
I certify that I have examined	this Staten	nent and to the best	of my knowledge and belief i	t is true, correct a	nd complete.
Type or Print Name of Treason	urer <u>BRAD</u>	LEY S. KNIPPA			
Signature of Treasurer	RADLEY S. KN	IIPPA Broell	ey 8. Vnippa	Date 03	23 / 2015
NOTE: Submission of false, en			may subject the person signing ION SHOULD BE REPORTED V		
Office Use			For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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FEC Form 1 (Revised 02/2009) Pag						
TYPE	E OF C	COMMITTEE				
Can	-	e Committee:				
(a)	\boxtimes	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. (Complet information below.)	e the candidate			
Name Cand	e of lidate	RAFAEL EDWARD 'TED' CRUZ				
	fidate ⁄ Affiliati	ion REP Office Senate President	State 00			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Parl	ty Con	nmittee:				
(d)			mocratic, publican, etc.) Party.			
Poli	tical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:			
		Corporation Corporation w/o Capital Stock	abor Organization			
			ooperative			
			ooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
	Committees Participating in Joint Fundraiser					
	1.		and the state of t			
	2.	FEC ID number				
	3.	FEC ID number C				
	4.					

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FEC Form 1 (Revisement of Type Committee N		Page 3
CRUZ FOR F		
	ed Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	2. 3. 3	omanie, or Ecuacionip rac oponion
NONE		
Mailing Address		
	CITY	STATE ZIP CODE
	Affiliated Committee Joint Fundraising Re Identify by name, address (phone number optional) and position	
books and records.	•	
BRAD	OLEY S. KNIPPA	
Mailing Address	PO BOX 25376	1 1 1 1 1 1 1 1 1 1 1
Maining Address		
	HOUSTON	TX 77265
Title or Position	CITY	TATE ZIP CODE
TREASURER	Telephone number	r 713 - 353 - 4330
B. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the co g., assistant treasurer).	mmittee; and the name and address of
Full Name BRAD of Treasurer	LEY S. KNIPPA	
Mailing Address	PO BOX 25376	
	HOUSTON CITY ST	TX
Title or Position TREASURER	Telephone number	1 713 1 1 353 1 1 4330

FEC Form 1 (Revised 02/2009)			Page 4
Full Name of Designated Agent LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	<u>. </u>		······
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephone	e number 🔠 📗	
Banks or Other Depositories: List all banks or oth safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	er depositories in which the co	mmittee deposits fui	nds, holds accounts, rents
BB&T			
Mailing Address 2200 WILSON BLVD.			
STE. 100		11111	
ARLINGTON		VA	22201
	CITY	STATE	ZIP CODE
Name of Bank, Depository, etc.			
	111111111	L	
Mailing Address			
			<u> </u>
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	СІТУ	STATE	ZIP CODE

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Daniel de français de la contra de la Constantia	Date of Receipt
Received from House Records & Registration	on Office
	Date of Receipt
Received from Senate Public Records Office	
	Date of Receipt
Received from Electronic Filing Office	
	Date of Receipt or Postmarked
Other (Specify):	
JB	7242x5
PREPARER	DATE PREPARED
(3/2015)	