FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016182 3 COMMITTEE NAME **OFFICE USE ONLY** Chevron Employees Political Action Committee - Chevron Corporation Date Received **ELECTRONICALLY FILED** 02/02/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6001 Bollinger Canyon Road Date Hand-delivered or Date Postmarked Room B2100 Change of Address San Ramon, CA 94583-5177 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Alana NAME NICKNAME LAST **SUFFIX** O'Connell Ruegg STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6001 Bollinger Canyon Road STREET **ADDRESS** Room B2100 (Residence or Business) San Ramon, CA 94583-5177 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6001 Bollinger Canyon Road MAILING **ADDRESS** Room B2100 San Ramon, CA 94583-5177 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (925) 842-9151 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	· ID	(Ethics Commission Filers)		
Chevron Employees	Political Action Committee	e - Chevron Corporation	0002	16182			
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Stan Gerdes State Repre	esentative				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THA OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	AN	\$	0.00		
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES					
	4. TOTAL POLITICA						
CONTRIBUTION BALANCE	•	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I	S OF THE	\$	0.00			
6 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.					
		Ms. Alan	na O'Connell	l Ruega			
			of Campaign				
AFFIX NOTA	RY STAMP / SEAL ABOVE						
Sworn to and subscrib	ped before me, by the said		, this the _		day		
		which, witness my hand and seal of office.					
Signature of officer	administering oath	Printed name of officer administering oath	Title	of office	er administering oath		

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation		00016182	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheer	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Candy Noble	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Travis Clardy	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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COMMITTEE NAME					I	
					13 Filer ID	(Ethics Commission Filers)
Chevron Employees Pol	litical Action Commit	tee - Chevro	n Corporation		00016182	
COMMITTEE	1. Candidates (Identify by name or, if applicable, classify by party.)		d Christian Ma	nuel Hayes State F	Representative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported	i			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Ellen Troxlaiı	State Representa	ative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	d			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Nathan John	son State Senator		
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	1			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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COMMITTEE NAME Chevron Employees Po COMMITTEE ACTIVITY	litical Action Commit 1. Candidates (Identify by name or, if			13 Filer ID 00016182	(Ethics Commission Filers)
COMMITTEE ACTIVITY	1. Candidates			00016182	
ACTIVITY		A. Supported			
	applicable, classify by party.)		Suleman Lalani State Represen	tative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach State Representative)	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mano DeAyala State Represent	ative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Attach lists on plain aper to complete this export if necessary.) OMMITTEE CTIVITY Attach lists on plain aper to complete this	3. Officeholders Assisted (identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.)	3. Officeholders Assisted (identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) DIAMACHICAL STATES (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted	B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this sport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed	B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classish by party). OMMITTEE CTIVITY Attach lists on plain aper to complete this sport if necessary.) 2. Measures (Describe by date and location of election and nature of Issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classish by party). B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classish by party). B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classish by party). B. Opposed 4. Supported B. Opposed 5. Opposed 6. Opposed 6. Opposed 6. Opposed 7. Candidates (Identity by name or, if applicable, classish by party). 8. Opposed 8. Opposed 6. Opposed 7. Candidates (Identity by name or, if applicable, classish by party). 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Mano DeAyala State Representative 1. Candidates (Identity by name or, if applicable, classish by party). 8. Opposed 9. Opposed 1. Opposed

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	ttee - Che	vron	Corporation	00016182	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		orted	Glenn Rogers State Represer	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppo:	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted			
			B. Oppos	sed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Charlie Geren State Represer	itative	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted			
			В. Орро	sed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Giovanni Capriglione State Re	epresentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppo	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted			
			B. Oppos	sed			
		Officeholders Assisted (Identify by name or, if					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	ttee - Chevron	Corporation		00016182	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Butto	on State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	1	Cody Harris Stat	e Representativ	 ve	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Coup name can	,		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Justin Holland S	tate Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Assisted (Identify by name or, if					

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
				·
				00016182
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner State Representation	ve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Harold Dutton State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.) COMMITTEE (dentify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Coscribe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported Colle Hefner State Representative by party.) B. Opposed B. Opposed B. Opposed Colle Hefner State Representative by party.) B. Opposed B. Opposed B. Opposed Colle Hefner State Representative by party.) Committee Collectivity by mane or, if applicable, classify by party.) Committee Com

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation		00016182	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Reggie Smith	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ernest Bailes	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Steven Toth	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182
	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen State Representa	tive
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jacey Jetton State Representati	ive
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Ben Bumgarner State Represer	ntative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted Activity by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE ACTIVITY A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE ACTIVITY A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed	COMMITTEE ACTIVITY 1. Candidates (describe by date and breather of septicable, classify by party). COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 2. Measures (Describe by date and breather of sesse). 3. Officeholders Assisted (derrify by name or, if applicable, classify by party). COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and breather of sesse). 3. Officeholders Assisted (derrify by name or, if applicable, classify by party). B. Opposed A. Supported Jacey Jetton State Representate describer of the property of the party of the pa

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COMMITTEE NAME Chevron Employees Po	litical Action Commit			13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit				
				00016182	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		DeWayne Burns State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Trent Ashby State Representati	ve	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ray Lopez State Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable of election and nature of issue.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported Committee C	Daper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain haper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify ty party.) Attach lists on plain location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify ty party.) Attach lists on plain location of election and nature of issue.) 4. Supported Ray Lopez State Representative in applicable, classify ty party. B. Opposed A. Supported Ray Lopez State Representative in applicable, classify ty party. B. Opposed 2. Measures (Describe by date and location of election by party.) B. Opposed 3. Officeholders Assisted B. Opposed 3. Officeholders Assisted Control of issue.) B. Opposed B. Opposed	paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of 6soc.) 3. Officeholders Assisted (Defently by name or, if applicable, classify by party.) 2. Measures (Defently by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders (Defently by name or, if applicable, classify by party.) 3. Officeholders (Defently by name or, if applicable, classify by party.) 3. Officeholders (Defently by name or, if applicable, classify by party.) 3. Officeholders (Defently by name or, if applicable, classify by party.) 4. Supported Ray Lopez State Representative (Defently by name or, if applicable, classify by party.) 5. Opposed 5. Opposed 6. Opposed 6. Opposed 7. Supported Ray Lopez State Representative (Defently by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed 8. Opposed 8. Opposed

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182
	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Lambert State Representa	ative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Dustin Burrows State Represer	ntative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Hugh Shine State Representati	ve
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (dentify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.)	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) A. Supported Dustin Burrows State Represer (describ ty party.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) A. Supported Dustin Burrows State Represer (describ ty party.) B. Opposed B. Opposed Committee (describ ty data and location of election and rature of fisure.) A. Supported Dustin Burrows State Represer (describ ty party.) B. Opposed COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Activity A. Supported B. Opposed B. Opposed COMMITTEE (Activity A. Supported B. Opposed B. Opposed COMMITTEE (Activity Activity by name or, if applicable, classify by party.) A. Supported B. Opposed COMMITTEE (Activity Activity by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Activity A. Supported B. Opposed A. Supported B. Opposed B. Opposed

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COMMUTTEE MANAE				l
COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Terry Wilson State Representat	ive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gary VanDeaver State Represe	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representat	tive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Oescribe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Oescribe by date and location of election and nature of issue.) 2. Measures (Oescribe by date and location of election and nature of issue) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation		00016182	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stan Kitzman S	State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates		John Kuempel	State Represent	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		·	·		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carol Alvarado	State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Drew Darby State Representat	ive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephen Allison State Represe	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephanie Klick State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Stephen Allison State Represe (desirbly by parms or, if applicable, classify by party). B. Opposed 3. Officeholders Assisted A. Supported Stephen Allison State Represe (desirbly by parms or, if applicable, classify by party). B. Opposed 3. Officeholders Assisted A. Supported Stephen Allison State Represe (desirbly by name or, if applicable, classify by party). B. Opposed COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Stephanie Klick State Represe (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported Stephanie Klick State Represe (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted B. Opposed

FORM GPAC ADDENDUM

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OMMITTEE NAME hevron Employees Po OMMITTEE CTIVITY Attach lists on plain aper to complete this apport if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported	Heith Bell State Representative	13 Filer ID 00016182	(Ethics Commission Filers)
OMMITTEE CTIVITY Attach lists on plain aper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported B. Opposed A. Supported	Heith Bell State Representative		
CTIVITY Attach lists on plain aper to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	B. Opposed A. Supported			
aper to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported	i		
	(Describe by date and location of election and nature of issue.) 3. Officeholders		1		
		B. Opposed			
	Assisted (Identify by name or, if applicable, classify by party.)				
OMMITTEE CTIVITY	Candidates (Identify by name or, if		Kronda Thimesch State Repres	entative	
	applicable, classify by party.)				
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	j		
		B. Opposed			
	3. Officeholders Assisted				
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	1	Gary Gates State Representativ	ve	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	1		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Attach lists on plain aper to complete this port if necessary.) OMMITTEE CTIVITY Attach lists on plain aper to complete this	(Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	A. Supported (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) District of the party of th	Attach lists on plain applicable, classify by party.) DOMMITTEE CTIVITY OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported Gary Gates State Representative party. B. Opposed Composed Composed B. Opposed Composed Composed	Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Gary Gates State Representative Gescribe this port if necessary.) B. Opposed A. Supported Gary Gates State Representative Gescribe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Cescribe by date and location of election and nature of issue.) B. Opposed B. Opposed

FORM GPAC ADDENDUM

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				1	
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Representative	9	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Shawn Thierry State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

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				1	-
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lynn Stucky State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	Candidates		Todd Hunter State Representati	ivo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Todd Hamer State Nepresental	IVE	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Smithee State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

	PURPOSE						Page 20 of 40
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	n	00016182	,
14	COMMITTEE ACTIVITY		A. Supported		State Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted					
		(Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				21 of 40
17 COMMITTI		18 Filer ID	(Ethics C	ommission Filers)
	Employees Political Action Committee - Chevron Corporation	00016182		
19 SCHEDUL NAME OF		SUE	BTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	112,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	112,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

2 FILER NAME Chevron Employees Political Action Committee - Chevron Corporation Sch	SCHEDULE A1
Chevron Employees Political Action Committee - Chevron Corporation 4 Date	l pages Schedule A1: : 1/1 Rpt: 22/40
01/01/2024 Chevron Employees PAC 6 Contributor address; City; State; Zip Code San Ramon, CA 95483-2324	ID (Ethics Commission Filers)
	ount of Contribution (\$) \$112,000.00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/18 Rpt: 23/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Allison, Steve (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	200 Morningside Dr.
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Steve Allison/ Support/2024 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
01/12/2024	Alvarado, Carol (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P O Box 230842
Expenditure from corporate funds	Houston, TX 77223
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Carol Alvarado/ Support/2024 Primary
Commission ONII V if dispose	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	B
Date 01/12/2024	Payee name
	Ashby, Trenton (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 412
Expenditure from	
corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EAFEINDITURE	Candidate/Officeholder/Political Committee
	Trenton Ashby/ Support/2024 Primary
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/18 Rpt: 24/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Bailes, Ernest (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1000 Bailes Dairy Rd.
Expenditure from corporate funds	Shepherd, TX 77371
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Ernest Bailes/ Support/2024 Primary
O Commission Chill V M alia	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
01/12/2024	Bell, Keith (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P O Box 1178
Expenditure from corporate funds	Forney, TX 75126
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Keith Bell/ Support/2024 Primary
Commission ONII V if dispose	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Bonnen, Greg (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 1163
Expenditure from	
corporate funds	Friendswood, TX 77546
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Greg Bonnen/ Support/2024 Primary
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/18 Rpt: 25/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Bumgarner, Benjamin (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	5150 KENSINGTON COURT
Expenditure from corporate funds	FLOWER MOUND, TX 75022
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Benjamin Bumgarner/ Support/2024 Primary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Burns, DeWayne (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	703 Stonelake Dr.
— E	
Expenditure from corporate funds	Cleburne, TX 76033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	DeWayne Burns/ Support/2024 Primary
Operation ONE Wife discout	One districts (Office healths are seen
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Burrows, Dustin (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	P.O. Box 2569
Expenditure from	
corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Dustin Burrows/ Support/2024 Primary
Complete Chill V if all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 4/18 Rpt: 26/40	2 FILER NAME Chevron Employees Political Action Committee - Chevron O0016182 Gethics Commission Filers)
4 Date	
	5 Payee name
01/12/2024	Button, Angie (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	6914 Clear Spring Cir.
Expenditure from	Corlond TV 7E044
corporate funds	Garland, TX 75044
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZHBITORZ	Candidate/Officeholder/Political Committee
	Angie Button/ Support/2024 Primary
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Cain, Briscoe (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 7
Ψ2,000.00	11012001
Expenditure from	
corporate funds	Deer Park, TX 77536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Briscoe Cain/ Support/2024 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/12/2024	Capriglione, Giovanni (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1352 Ten Bar Trail
Ψ1,000.00	1002 Ton But Truit
Expenditure from	
corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Giovanni Capriglione/ Support/2024 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension part listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/18 Rpt: 27/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Clardy, Travis (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	209 E Main Street
Expenditure from	Nacogdoches, TX 75961
corporate funds 8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travis Clardy/ Support/2024 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/12/2024	Craddick, Christi
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	3112 Windsor, Suite A PMB 505
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Christi Craddick/ Support/2024 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/12/2024	Darby, Drew (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	P.O. Box 3284
Expenditure from	
corporate funds	San Angelo, TX 76902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Drew Darby/ Support/2024 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 6/18 Rpt: 28/40	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
01/12/2024	DeAyala, Mano (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	12335 Kingsride Lane
Evpanditura from	#416
Expenditure from corporate funds	Houston, TX 77024
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Mano DeAyala/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Dean, Jay (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	3822 Holly Ridge
Expenditure from corporate funds	Longview, TX 75605
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Jay Death Support 2024 Fillinary
Operation ONE Wife discont	Our did to 10 ff as had done as many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Dutton, Harold (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4001 Jewel St.
Expenditure from corporate funds	Houston, TX 77026
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Harola Battorii Support 2024 Filmary
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 29/40	Chevron Employees Political Action Committee - Chevron	00016182
4	Date	5 Payee name	
	01/12/2024	Gates, Gary (Rep.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	2205 Ave. I, Ste. 118	
	Expenditure from corporate funds	Rosenberg, TX 77471	
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Support/2024 Primary
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/12/2024	Gerdes, Stan (Rep.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	606 Gresham Street	
	Expenditure from corporate funds	Smithville, TX 78957	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Support/2024 Primary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/12/2024	Geren, Charlie (Rep.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	P. O. Box 1440	
	Expenditure from corporate funds	Ft. Worth, TX 76101	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense 1/ Support/2024 Primary
	Complete ONII V if direct		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/18 Rpt: 30/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Harris, Cody (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1007 N. Mallard St
Expenditure from corporate funds	Palestine, TX 75801
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Cody Harris/ Support/2024 Primary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiental to belieff C/O	
Date	Payee name
01/12/2024	Hefner, Cole (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	806 County Road 4510
Expenditure from corporate funds	Mount Pleasant, TX 75455
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Cole Hefner/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to believe eye	
Date	Payee name
01/12/2024	Holland, Justin (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	3021 Ridge Road, Suite A
	Box 79
Expenditure from	
corporate funds	Rockwall, TX 75032
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee
	Susuit Holiana/ Support/2024 Filmary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/18 Rpt: 31/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Hull, Lacey (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77724
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Lacey Hull/ Support/2024 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/12/2024	Hunter, Todd (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	445 Cape Henry
- Funanditura from	
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Todd Hunter/ Support/2024 Primary
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Jetton, Jacey
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1723 Hearthside Ct
Expenditure from corporate funds	Richmond, TX 77406
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Jacey Jetton/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/18 Rpt: 32/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Johnson, Nathan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 670994
Expenditure from corporate funds	Dallas, TX 75367
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
_/	Candidate/Officeholder/Political Committee
	Nathan Johnson/ Support/2024 Primary
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	King, Ken (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	Po Box 1202
Expenditure from corporate funds	Canadian, TX 79014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Ken King/ Support/2024 Primary
	Rell King/ Support/2024 Filliary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/12/2024	Kitzman, Stan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 553
Expenditure from corporate funds	Pattison, TX 77466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Start Ritzman/ Support/2024 Filmary
Complete CMI V if alian-	Condidate/Officeholder name Office equality Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/18 Rpt: 33/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Klick, Stephanie (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 7592
Expenditure from corporate funds	Fort Worth, TX 76111
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Stephanie Klick/ Support/2024 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
01/12/2024	Kuempel, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	902 E. College St.
— Forestitus from	
Expenditure from corporate funds	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	John Kuempel/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Lalani, Suleman (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 6514
- Formanditure Cons	
Expenditure from corporate funds	Houston, TX 77265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Suleman Lalani/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/18 Rpt: 34/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Lambert, Stan (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 3752
Expenditure from corporate funds	Abilene, TX 79604
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Stan Lambert/ Support/2024 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/12/2024	Leach, Jeff (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	800 Glen Rose Dr.
Expenditure from corporate funds	Allen, TX 75013
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Jeff Leach/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
01/12/2024	Lopez, Ray (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	7015 Quiet Ridge Walk
Expenditure from corporate funds	San Antonio, TX 78250
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Ray Lopez/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 35/40	Chevron Employees Political Action Committee - Chevron 00016182
4	Date	5 Payee name
	01/12/2024	Manuel, Christian (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	3801 Turtlecreek Dr
	Expenditure from corporate funds	Port Arthur, TX 77642
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Christian Manuel/ Support/2024 Primary
_	Operation ONLY if alice at	Our Highest 10ff and halfen areas.
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2024	Meyer, Morgan (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	3838 Oak Lawn Ave
		# 400
	Expenditure from corporate funds	Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Morgan Meyer/ Support/2024 Primary
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6761	
	Date	Payee name
	01/12/2024	Noble, Candy (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1105 E. Main Street #223
	Expenditure from corporate funds	Allen, TX 75002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Candy Noble/ Support/2024 Primary
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/18 Rpt: 36/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Phelan, Dade (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	Po Box 848
Expenditure from corporate funds	Austin, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committee
	Dade Phelan/ Support/2024 Primary
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Rogers, Glenn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1832 Grassy Ridge Rd
Expenditure from	
corporate funds	Graford, TX 76449
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Glenn Rogers/ Support/2024 Primary
	Committegers cuppersuzez minitary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payes name
01/12/2024	Payee name Shaheen, Matt (Rep.)
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3917 Malton Dr.
φ1,300.00	3917 Maiton DI.
Expenditure from	Diama, TV 75005
corporate funds	Plano, TX 75025
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Matt Shaheen/ Support/2024 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/18 Rpt: 37/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Shine, Hugh (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P O Box 793
Expenditure from corporate funds	Temple, TX 76503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Hugh Shine/ Support/2024 Primary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit ever	
Date	Payee name
01/12/2024	Smith, Reggie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	Po Box 1947
Expenditure from corporate funds	Sherman, TX 75091
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Reggie Smith/ Support/2024 Primary
Operation ONE Wife discont	Open finds to 10 ff as hadden as a second to the second to
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
01/12/2024	Smithee, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	2808 Parker
Expenditure from	
corporate funds	Amarillo, TX 79109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	John Smithee/ Support/2024 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 16/18 Rpt: 38/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Spiller, David (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 447
Expenditure from	
corporate funds	Jacksboro, TX 76458
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Jana Spilon Supportation
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Stucky, Lynn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 464
Expenditure from corporate funds	Denton, TX 76202
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Lynn Stucky/ Support/2024 Primary
	,,,,,,,, .
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Thierry, Shawn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3359 Charleston St
Expenditure from corporate funds	Houston, TX 77021
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Chairm this y Support 202 11 milary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/18 Rpt: 39/40	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
01/12/2024	Thimesch, Kronda (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 118978
Expenditure from corporate funds	Lewisville, TX 75011
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Kronda Thimesch/ Support/2024 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
01/12/2024	Toth, Steve (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	67 Chestnut Meadow Dr
Funanditura from	
Expenditure from corporate funds	Conroe, TX 77384
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Steve Toth/ Support/2024 Primary
Operation ONE Wife discout	Our didn't lotter had a marrie of the country of th
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Troxclair, Ellen (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	701 HWY 281, Suite E #196
Expenditure from	
corporate funds	Marble Falls, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITORE	Candidate/Officeholder/Political Committee
	Ellen Troxclair/ Support/2024 Primary
Complete ONII V Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 T-4-1 O-1	
1 Total pages Schedule F1: Sch: 18/18 Rpt: 40/40	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
01/12/2024	VanDeaver, Gary (Rep.)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 866
Expenditure from corporate funds	New Boston, TX 75570
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Gary VanDeaver/ Support/2024 Primary
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Wilson, Terry (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1101 Belaire Dr.
Expenditure from corporate funds	Granite Shoals, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
2/11/2/11/2/12	Candidate/Officeholder/Political Committee
	Terry Wilson/ Support/2024 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held