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** 10/01/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5001 Executive Parkway Date Hand-delivered or Date Postmarked Room #3W001 Change of Address San Ramon, CA 94583 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Ms. Alana NAME NICKNAME LAST **SUFFIX** O'Connell Ruegg STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5001 Executive Parkway STREET **ADDRESS** Room #3W001 (Residence or Business) San Ramon, CA 94583 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5001 Executive Parkway MAILING **ADDRESS** Room #3W001 San Ramon, CA 94583 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 Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ 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 Po	olitical Action Committe	e - Chevron Corporation	00016182	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Elizabeth Campos State Repr	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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	\$	145,500.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	\$	146,500.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Alana O'	Connell Ruegg	
		Signature of Ca	mpaign Treasurer	
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer	administering oath

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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.)		Angela Paxton 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.)				
	COMMITTEE	1. Candidates	A. Supported	Angelia Orr State Representativ	/e	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		The second of th	. •	
	(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.)	A. Supported	Angie Button 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.)				
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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
				La Filei ID (Luica Commission Fileia)
Chevron Employees Pol	litical Action Commit	tee - Chevro	n Corporation	00016182
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ann Johnson 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	1	
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE		A Cupportos	Dorboro Conde Haudde - Ct	ata Danzacantativa
ACTIVITY	(Identify by name or, if		ь ваграга Gervin-Hawkins Sta	аle кергезептатive
(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	1	
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if		Borris Miles State Senator	
(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	i	
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	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 eport 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.) 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.)	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.) COMMITTEE 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.) B. Opposed 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.) B. Opposed 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.) 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.) B. Opposed 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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures 1. Candidates (dentity by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures 1. Candidates (dentity 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.) B. Opposed Committee Commi

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COMMITTEE NAME					13 Filer ID	(Ethios Commission Filers)
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Chevron Employees Po	litical Action Commit	tee - C	Chevron	Corporation	00016182	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		pported	Brent Money State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported			
		В. Ор	posed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE			nnorted	Brooks Landard State Depres	antative	
ACTIVITY	(Identify by name or, if		pported	Blooks Lanugral State Repress	entative	
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported			
		В. Ор	posed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Su	pported	Carol Alvarado State Senator		
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported			
		В. Ор	posed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this eport if necessary.)	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 peport 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.) 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. 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Opposed Committee Brooks Landgraf State Representative general paper to complete this eport if necessary.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Carol Alvarado State Senator general paper to complete this eport if necessary.) Committee Committee CTIVITY Attach lists on plain and booked or decision and nature of escito. B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Carol Alvarado State Senator general paper to complete this eport if necessary.) B. Opposed Carol Alvarado State Senator general paper to complete this eport if necessary. Committee Carol Alvarado State Senator general paper to complete this eport if necessary. Committee Carol Alvarado State Senator general paper to complete this eport if necessary. Committee Carol Alvarado State Senator general paper to complete this eport if necessary. Carol Alvarado State Senator general paper to complete this eport if necessary. 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COMMITTEE NAME					42 Files ID //	
					13 Filer ID (F	Ethics Commission Filers)
Chevron Employees Pol	litical Action Commit	ttee	- Chevron	Corporation	00016182	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Caroline Harris Davila State R	epresentative	
(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		₩	Supported	Charles Cunningham State De	enresentative	
ACTIVITY	(Identify by name or, if		Supported	Chanes Cullingham State No	epresentative	
(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			
		В.	Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A.	Supported	Charlie Geren State Represer	ıtative	
(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.))				
	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 Actach 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. COMMITTEE ACTIVITY Actach lists on plain paper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party. Composition 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. Committee ACTIVITY Actach lists on plain paper to complete this eport if necessary.) 2. 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Measures (Describe by date and location of election and nature of issue.) 8. Opposed Describe by date and location of election and nature of issue.) 8. Opposed Describe by date and location of election and nature of issue.)	ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and hature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) COMMITTEE 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.) B. Opposed COMMITTEE 1. Candidates (Identity 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.) B. Opposed B. Opposed B. Opposed Committee Commi	A. Supported Caroline Harris Davila State Representative (decetely by name or, if applicable, classely by party). A. Supported Caroline Harris Davila State Representative (decetely decetely by name or, if applicable, classely by party). B. Opposed 2. Measures (Describe by date and location of reletion and ristance of Issue). 3. Officeholiders Assisted (decetely by name or, if applicable, classely by party). B. Opposed COMMITTEE Committee of Issue) A. Supported Charles Cunningham State Representative (decetely by name or, if applicable, classely by party). B. Opposed B. Opposed Committee of Issue) B. Opposed Charlie Geren State Representative (decetely by name or, if applicable, classely by party). COMMITTEE COMMITTEE Committee of Issue) A. Supported Charlie Geren State Representative (decetely by name or, if applicable, classely by party). COMMITTEE Committee of Issue) A. Supported Charlie Geren State Representative (decetely by name or, if applicable, classely by party). COMMITTEE Committee of Issue) A. Supported Charlie Geren State Representative (decetely by name or, if applicable, classely by party). Committee of Issue) A. Supported Charlie Geren State Representative (decetely by name or, if applicable, classely by party). Committee of Issue) 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.)		Chris Turner State Representati	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	1. Candidates	A. Supported	Christi Craddick Railroad Comm	nissioner	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Omba Gradalok Hamoda Gomin	iissionei	
	(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.)	A. Supported	Christian Manuel 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.)				
		(Identify by name or, if				

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	ttee	- Chevron	Corporation	00016182	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Christina Morales State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed			
	2. Measures	A.	Supported			
	(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.)					
COMMITTEE	Candidates	┿	Supported	Claudia Ordaz Daraz, Ctata Dan	racantativa	
ACTIVITY	(Identify by name or, if	Α.	Supporteu	Claudia Ordaz Perez State Rep	resentative	
	applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed			
	2. Measures	A.	Supported			
	(Describe by date and location of election and nature of issue.)					
		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.)		Supported	Cody Harris State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed			
	2. Measures	A.	Supported			
	(Describe by date and location of election and nature of issue.)					
		B.	Opposed			
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Spiller 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	1. Candidates	A. Supported	Dawn Buckingham Land Comm	issioner	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		g		
	(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.)	A. Supported	Drew Darby State Representation	/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.)				
			<u> </u>			

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevror	n Corporation		00016182	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		State Represen	tative	
	(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	A. Supported	Fllen Troxclair	State Represent	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Liich Hoxelaii	otate represent	auve	
	(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.)	A. Supported	Paul Bettencou	ırt 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 Chevron Employees Po	litical Action Commit				13 Filer ID	(Ethics Commission Filers)
	litical Action Commit					
		tee - Che	ron	Corporation	00016182	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Gene Wu State Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE			rted	Giovanni Capriglione State Rep	resentative	
ACTIVITY	(Identify by name or, if			Clovalliii Caprignone Clate Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Suppo	rted	Greg Bonnen State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	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.)	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 (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 report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable phy 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 (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Support of 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.) 4. Support if necessary.) 5. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 6. Oppos 7. COMMITTEE ACTIVITY 8. Oppos 8. Oppos 9. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 9. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 9. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 9. Oppos 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 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.) ACTIVITY (Attach lists on plain coaper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (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.) B. Opposed B. Opposed B. Opposed B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed COMMITTEE (Identify by name or, if applicable and location of election and nature of issue.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (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 (Identity by name or, if applicable, classify by party.) ACTIVITY 2. Measures (Chescribe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Activity 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.) 4. Supported 5. Opposed 6. Opposed 7. COMMITTEE ACTIVITY 8. Opposed 9. Opposed	Depart of complete this eport if necessary.) 2. Measures (Describe by date and focation of election and nature of fiscal.) 3. Officeholders Assisted (Bernety by name or . if applicable. classify by party.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) 4. Supported (Describe by date and focation of election and nature of issue.) 5. Opposed 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) 6. Opposed 7. Supported 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates 1. Candid

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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.)		Hubert Vo 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Janie Lopez State Representati	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			
		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.)		Jared Patterson State Represer	ntative	
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				
A A	CTIVITY ttach lists on plain per to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 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	(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.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed Composed B. Opposed Composed Composed	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 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.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted	Composed B. Opposed

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						1 ago 10 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jeff Leach 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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Jessica Gonzalez State Repres	entative	
	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 (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Lujan State Representativ	е	
	(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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DMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
nevron Employees Po	litical Action Commit	ttee - Chevron	Corporation		00016182	
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jolanda Jones	s State Represent	tative	
ttach lists on plain uper to complete this port 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.)					
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Josey Garcia	State Representa	tive	
ttach lists on plain uper to complete this port 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.)					
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ken King Sta	te Representative		
ttach lists on plain uper to complete this port 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.)					
t	TIVITY tach lists on plain	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) tach lists on plain per to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	Interest of the control of the contr	location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed C. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if	location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 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.) A. Supported Ken King State Representative Ken king State Representative Repre	Source

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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 Kitzman 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.)		Linda Garcia State Representat	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.)		Mary Perez State Representativ	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 1. Candidates (Describe by date and location of election and nature of issue.) 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 (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 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 A. Supported (Identify by name or, if applicable, classify by party.) 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.) 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 Linda Garcia State Representative of the paper of t

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevror	n Corporation		00016182	
14	COMMITTEE	1. Candidates	A. Supported	Mary Gonzalez	State Represent	L tative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			Ctate Propression		
	(Attach lists on plain		B. Opposed				
	paper to complete this report if necessary.)						
		2. Measures	A. Supported				
		(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.)					
	COMMITTEE	1. Candidates	A. Supported	Matt Shaheen S	State Representa	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	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			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.)		Mihaela Plesa	State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(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.)					

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						1 ago 11 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
14	COMMITTEE	1. Candidates	A. Supported	Morgan Meyer State Represent	I ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		morgan moyer class represent	auvo	
	(Attach lists on plain		B. Opposed			
	paper to complete this report if necessary.)					
		2. Measures	A. Supported			
		(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.)				
	COMMITTEE	Candidates	A. Supported	Nate Schatzline State Represer	ntative	
	ACTIVITY	(Identify by name or, if		rate condizante ciate respiese.	rical v o	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			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.)		Pat Curry State Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(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.)				

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						1 age 10 01 00
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.)		Penny Morales Shaw State Rep	presentative	
	(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	A. Supported	Phil King State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Till King State Schator		
	(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.)	A. Supported	Bobby Guerra 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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						1 ago 10 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rafael Anchia State Representa	I 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	1. Candidates	A. Supported	Ramon Romero State Represer	ntative	
	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 (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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.)				-
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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.)		Rhetta Bowers	State Represen	tative	
(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.)		Jon Rosenthal	State Represent	tative	
(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.)		Ryan Guillen S	tate 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 (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 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 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 COMMITTEE (dentity by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Acsisted (dentity by name or, if applicable, classify by party.) COMMITTEE ACTIVITY COMMITTEE (ACTIVITY COMMITTEE (ACTIVITY) A. Supported (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Committee of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Committee 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.) 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 D. Committee D.	COMMITTEE ACTIVITY Answers B. Opposed COMMITTEE ACTIVITY Assisted Committee B. Opposed COMMITTEE ACTIVITY Assisted Committee COMMITTEE ACTIVITY Assisted Committee C

FORM GPAC ADDENDUM

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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.)		Salman Bhojani 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	1. Candidates		E. Sam Harless State Represen	ntative	
	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	1. Candidates (Identify by name or, if applicable, classify by party.)		Senfronia Thompson State Rep	resentative	
	(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 ago 22 01 00
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.)		Shelby Slawson 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	1. Candidates	A. Supported	Stan Gerdes State Representat	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Star Geraes State Representati	100	
	(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.)	A. Supported	Steve Toth 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.)				

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						Page 23 of 59
12 COMN	MITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Chev	ron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
14 COMN ACTIV		1. Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker State Senator		
paper	h lists on plain to complete this 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.)				
COMN ACTIV	MITTEE VITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Terri Leo-Wilson State Repres	sentative	
paper	h lists on plain to complete this 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.)				
COMN ACTIV	AITTEE /ITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Meza State Representat	tive	
paper	h lists on plain to complete this 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**

							Page 24 of 59
12 COMMITTEE	NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Er	nployees Po	litical Action Commit	tee - Chevror	n Corporation		00016182	
14 COMMITTEE ACTIVITY		1. Candidates (Identify by name or, if applicable, classify by party.)		Bob Hall State	e Senator		
(Attach lists of paper to come report if necessity)	plete 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		Candidates (Identify by name or, if applicable, classify by party.)		Brian Harrison	State Represen	tative	
(Attach lists of paper to compression report if necession)	plete 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	Ξ.	Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwe	ertner State Sena	ator	
(Attach lists of paper to come report if necessity)	plete 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.)					

FORM GPAC ADDENDUM

						Page 25 of 59
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.)		Greg Abbott G	overnor		
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kelly Hancock	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.)					

FORM GPAC ADDENDUM

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						1 age 20 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Chevron Employees Political Action Commi			tee - Chevror	Corporation	00016182	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Lambert 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	1. Candidates	A. Supported	Trenton Ashby State Represer	ıtative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tremon Ashiby State Represen	itativo	
	(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.)	A. Supported	Todd Hunter 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.)				

FORM GPAC ADDENDUM

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						1 ago 21 0100
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Chevron Employees Political Action Commit			tee - Chevron	Corporation	00016182	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Thomas Craddick State Repres	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Toni Rose State Representative	2	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Ton Nose State Representative	•	
	(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.)	A. Supported	Tony Tinderholt 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.)				
		1				

FORM GPAC ADDENDUM

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						1 ago 20 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevron	Corporation	00016182	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Trey Martinez Fischer 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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Venton Jones State Repres	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		ventori dones state repres	critative	
	(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.)	A. Supported	Will Metcalf State Represen	tative	
	(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.)				
		applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPOSE						Daga 20 of E0
						Page 29 of 59
? COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Employees Political Action Committee - Chevron Corporation				00016182		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Yvonne Dav	is State Represe	ntative	
(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				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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l	17 COMMITTEE NAME Chevron Employees Political Action Committee - Chevron Corporation 18 Filer ID (Ethics Commission Filers) 00016182								
	LE SUBTOTALS	T							
NAME O	FSCHEDULE		SUBTOTAI	L AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	145,500.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$						
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$						
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$						
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	IS	\$	146,500.00					
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 CONTRIBUTI	ONS	\$						
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,000.00					

MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1	
The Instru	ction Guide explains how to complete this for	1 Total pages Schedule A1: Sch: 1/1 Rpt: 31/59		
FILER NAME Chevron Em	ployees Political Action Committee - Chevron Corpora	ation	3 Filer ID (Ethics Commission Filers) 00016182	
Date 07/01/2024	 Full name of contributor	7 Amount of Contribution (\$) \$145,500	00	
Dringing agg	San Ramon, CA 95483	Employer (See Instructions		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
	The Instruction FILER NAME Chevron Em Date 07/01/2024	The Instruction Guide explains how to complete this for FILER NAME Chevron Employees Political Action Committee - Chevron Corpora Date 07/01/2024 5 Full name of contributor out-of-state PAC (ID#: Chevron Employees PAC 6 Contributor address; City; State; Zip Code San Ramon, CA 95483	Chevron Employees Political Action Committee - Chevron Corporation Date 07/01/2024 5 Full name of contributor out-of-state PAC (ID#:) Chevron Employees PAC 6 Contributor address; City; State; Zip Code San Ramon, CA 95483	The Instruction Guide explains how to complete this form. FILER NAME Chevron Employees Political Action Committee - Chevron Corporation Date 07/01/2024 Chevron Employees PAC G Contributor address; City; State; Zip Code San Ramon, CA 95483 1 Total pages Schedule A1: Sch: 1/1 Rpt: 31/59 3 Filer ID (Ethics Commission Filers) 00016182 7 Amount of Contribution (\$) \$145,500.

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/27 Rpt: 32/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Abbott, Greg
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30,000.00	PO Box 308
Expenditure from corporate funds	Austin, TX 78767
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
	Greg Abbott/Support/2026 Primary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/19/2024	Alvarado, Carol (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	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 General
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Data	Barrar warms
Date	Payee name
09/19/2024	Anchia, Rafael (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Po Box 4468
Expenditure from corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Z. ZIBIIONE	Candidate/Officeholder/Political Committee
	Rafael Anchia/Support/2024 General
Complete CAU V if dire	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> 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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Foot/Beverage Expense Git/Awards/Memorials Expense 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: 2/27 Rpt: 33/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Ashby, Trenton (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 412
Expenditure from corporate funds	Lufkin, TX 75902
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
	Trenton Ashby/Support/2024 General
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Bettencourt, Paul (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1 E. Greenway Plz., # 225
+ 2,000.00	= = · O. O. O
Expenditure from corporate funds	Houston, TX 77046
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
	Paul Bettencourt/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Bhojani, Salman (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6301 Campus Circle Drive East, Suite 100
\$1,000.00	0301 Campus Circle Drive East, Suite 100
Expenditure from corporate funds	Irving, TX 75063
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
	Salman Bhojani/Support/2024 General
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 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	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: 3/27 Rpt: 34/59	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
09/19/2024	Bonnen, Greg (Rep.)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1163
Ψ1,000.00	1.0. Box 1100
Expenditure from corporate funds	Friendswood, TX 77546
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
	Grey Burneri/Support/2024 General
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Bowers, Rhetta (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3526 Lakeview Pkwy
	Ste B, #211
Expenditure from corporate funds	Rowlett, TX 75088
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
	Tallotta Bowold/Gapport202 T Gollotta
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Buckingham, Dawn
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	P.O. Box 342524
Expenditure from corporate funds	Lakeway, TX 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Dawn Buckingham/Support/2026 Primary
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 -

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: 4/27 Rpt: 35/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Burrows, Dustin (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 2569
Expenditure from corporate funds	Lubbock, TX 79408
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
	Dustin Burrows/Support/2024 General
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experiordire to belieff C/O	
Date	Payee name
09/19/2024	Button, Angie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 832748
— Foresteller of forest	
Expenditure from corporate funds	Richardson, TX 75083
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Angie Button/Support/2024 General
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
D-1-	
Date	Payee name
09/19/2024	Campos, Elizabeth (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1028 Rigsby
Expenditure from corporate funds	San Antonio, TX 78210
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
	Elizabeth Campos/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a cottogon pot listed above)

	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: 5/27 Rpt: 36/59	Chevron Employees Political Action Committee - Chevron 00016182				
4	Date	5 Payee name				
	09/19/2024	Capriglione, Giovanni (Rep.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	P.O. Box 92007				
	·					
	Expenditure from corporate funds	Southlake, TX 76092				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
l		Giovanni Capriglione/Support/2024 General				
L						
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				
F	Date	Payee name				
	09/19/2024	Craddick, Christi				
⊢	Amount (\$)	Payee address; City; State; Zip Code				
	\$10,000.00	3112 Windsor, Suite A PMB 505				
	Ψ10,000.00	STIZ WINDSON, Suite AT WID 500				
╟	Expenditure from	A: TV T0T00				
ᆫ	corporate funds	Austin, TX 78703				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		Critisti Cradulci/Support/2024 General				
┡						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	09/19/2024	Craddick, Thomas (Rep.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	2 Lakes Dr.				
	Expenditure from corporate funds	Midland, TX 79705				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		Thomas Craddick/Support/2024 General				
$ldsymbol{ld}}}}}}$						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/O	1				
1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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	
1 Total pages Schedule F1: Sch: 6/27 Rpt: 37/59	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
09/19/2024	Cunningham, Charles (Rep.)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 14352
Expenditure from corporate funds	Humble, TX 77347
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Curry, Pat
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	204 Woodhew Dr.
Expenditure from corporate funds	Waco, TX 76712
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	r at Gurry/Support/2024 General
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Darby, Drew (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	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 EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Drew Darby/Support/2024 General
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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ttee L	ood/Beverage Expens sift/Awards/Memorials egal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/27 Rpt: 38/59	CI	hevron Em	oloyees Politica	al Action Co	mmittee	e - C	hevron		00016182		
4	Date	5 Pa	ayee name									
	09/19/2024	Da	avis, Yvonr	ie (Rep.)								
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	Zip Co	de					
	\$500.00	Р.	O. Box 763	3368								
	Expenditure from corporate funds	Da	allas, TX 7	5376								
8	PURPOSE	(a) Ca	ategory (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			/Donations Ma				=		de of Texas. Comp		
	-	Ca	andidate/O	fficeholder/Poli	tical Comm	ittee		_		officeholder living		
								Yvonne Davis	5/51	upport/2024	General	
9	Complete ONLY if direct	 Car	ndidate/Offic	eholder name		Office sou	aht			Office he	eld	_
	expenditure to benefit C/OI						9					
	Date	Pa	ayee name									
	09/19/2024	G	arcia, Jose	y (Rep.)								
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Co	de					
	\$500.00	11	LO E. Houst	on St. 7th Floo	r, Box 176							
	Expenditure from corporate funds	Sa	an Antonio,	TX 78205								
	PURPOSE	(a) Ca	ategory (See	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	C	ontributions	/Donations Ma	de By			=		de of Texas. Comp		
		Ca	andidate/O	fficeholder/Poli	tical Comm	ittee		—		officeholder living		
								Josey Garcia	v5u	ipport/2024 (<i>Jeneral</i>	
	Complete ONLY if direct	 Car	ndidate/Offic	eholder name	C	Office sou	ght			Office he	eld	_
	expenditure to benefit C/O	Η										
	Date	Pa	ayee name									
L	09/19/2024	G	arcia, Linda	1								
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Co	de					
	\$500.00	19	908 Haddoo	ck Dr.								
	Expenditure from corporate funds	NA.	esquite, TX	751 <i>4</i> 9								
			•			i	(h)	December!				_
	PURPOSE OF			Categories listed at the Categories Ma		edule)	(0)	Description Check if travel	outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE			fficeholder/Poli		ittee		ш		officeholder living		
								Linda Garcia	/Su	pport/2024 (General	
	Complete ONLY if direct		ndidate/Offic	eholder name	С	office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/27 Rpt: 39/59 Chevron Employees Political Action Committee - Chevron 00016182 4 Date Payee name 09/19/2024 Gerdes, Stan (Rep.) Amount (\$) Payee address; State; Zip Code \$1,000.00 606 Gresham Street Expenditure from Smithville, TX 78957 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Stan Gerdes/Support/2024 General Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/19/2024 Geren, Charlie (Rep.) Amount (\$) Payee address; City; State; Zip Code \$2,000.00 P. O. Box 1440 Expenditure from Ft. Worth, TX 76101 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charlie Geren/Support/2024 General Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/19/2024 Gervin-Hawkins, Barbara (Rep.) Amount (\$) Payee address: City: State; Zip Code \$500.00 P.O. Box 18659 Expenditure from corporate funds San Antonio, TX 78218 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Barbara Gervin-Hawkins/Support/2024 General Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 9/27 Rpt: 40/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Gonzalez, Jessica (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	400 S Zang Blvd
	Suite1022
Expenditure from corporate funds	Dallas, TX 75208
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Jessica Gonzalez/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
09/19/2024	Gonzalez, Mary (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
+ -,	
Expenditure from	Clint, TX 79836
corporate funds	
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
	Mary Gonzalez/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	н
Date	Payee name
09/19/2024	Guerra, Bobby (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	10213 N 10th Streeet
Expenditure from	
corporate funds	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Bobby Guerra/Support/2024 General
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense P S		pense ages/0	Contract Labor e this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 10/27 Rpt: 41/59	Chevron	Employees Political	Action Com	nmittee	- Cł	nevron		00016182		
4	Date	5 Payee nar	ne								
	09/19/2024	Guillen, F	Ryan (Rep.)								
6	Amount (\$)	7 Payee add	lress; City;	State; 2	Zip Cod	de					
	\$1,500.00	5346 E. l	JS Hwy 83								
		Building /	A, Suite 5-A								
	Expenditure from corporate funds	Austin, T	X 78582								
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		ions/Donations Mad			[Check if travel	outsic	le of Texas. Comp	olete Schedule T.	
	LAI LINDITORE	Candidat	e/Officeholder/Politic	cal Committe	ee	[_		officeholder living		
							Ryan Guillen	/Su	oport/2024 (jeneral	
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Offi	ice soug	ght			Office he	ld	
	Date	Payee nar	ne								
	09/19/2024	Hall, Bob	(Sen.)								
	Amount (\$)	Payee add	lress; City;	State: 2	Zip Cod	de					
	\$2,000.00	P.O. Box		,							
	Ψ2,000.00	1.0.50%	010								
	Expenditure from corporate funds	Canton, ⁻	ΓX 75103								
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	ule)	(b) [Description				
	OF EXPENDITURE		ions/Donations Mad			[le of Texas. Comp		
		Candidat	e/Officeholder/Politic	cal Committe	ee	Ļ			officeholder living		
							Bob Hall/Sup	por	1/2026 PHH	ary	
	Complete ONLY if direct	Candidate/0	Officeholder name	Offi	ice soug	ht			Office he	ld	
	expenditure to benefit C/O					,					
	Date	Payee nar	ne								
	09/19/2024	Hancock	Kelly (Sen.)								
	Amount (\$)	Payee add	lress; City;	State; 2	Zip Cod	de					
	\$2,000.00	P.O. Box	821349								
	Expenditure from corporate funds	North Ric	hland Hills, TX 7618	32							
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	ule)	(b) I	Description				
	OF EXPENDITURE		ions/Donations Mad			[le of Texas. Comp		
	ZA ZADITORZ	Candidat	e/Officeholder/Politic	cal Committe	ee	Ļ			officeholder living	•	
						ı	Kelly Hancoc	K/5	upp011/2026	rilliary	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Offi	ice soug	ght			Office he	eld	
	experience to beliefit 6/01	•									

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 (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 11/27 Rpt: 42/59	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
09/19/2024	Harless, E. Sam (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	15814 Champion Forest Dr
Expenditure from	PMB# 312
corporate funds	Spring, TX 77379
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
	E. Sam Harless/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Harris, Cody (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1007 N. Mallard St
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	·
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Cody Harris/Support/2024 General
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Harris Davila, Caroline (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 700
Ψ1,000.00	1 . O. Box 100
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Caroline Harris Davila/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORARIO TO BOTTON O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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: 12/27 Rpt: 43/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Harrison, Brian (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	661 East Main St. #200-240
Expenditure from corporate funds	Midlothian, TX 76065
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Brian Harrison/Support/2024 General
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Huffman, Joan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	37331 Westheimer #40
Expenditure from	
corporate funds	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Joan Huffman/Support/2024 General
	Joan Hallman/Juppon/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies name
09/19/2024	Payee name Hunter, Todd (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	445 Cape Henry
Expenditure from	
corporate funds	Corpus Christi, TX 78412
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
	Todd Hunter/Support/2024 General
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 13/27 Rpt: 44/59	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
09/19/2024	Johnson, Ann (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Ann Johnson/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/19/2024	Jones, Jolanda (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	5445 Almeda 307
Expenditure from	
corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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
	Colanda Conces, Capport 202 1 Content
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/19/2024	Jones, Venton (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1075 Griffin St, West
Expenditure from corporate funds	Dallas, TX 75215
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
	Venton Jones/Support/2024 General
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct 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

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: 14/27 Rpt: 45/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	King, Ken (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 517
Expenditure from corporate funds	Canadian, TX 79014
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
	Ken King/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	King, Phil (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 1913
,_,,,,,,,,,	
Expenditure from corporate funds	Weatherford, TX 76086
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
	Phil King/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Kitzman, Stan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 553
- Evnanditura from	
Expenditure from corporate funds	Pattison, TX 77466
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 Kitzman/Support/2024 General
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 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 (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total magas Cabadula F1:	
1 Total pages Schedule F1: Sch: 15/27 Rpt: 46/59	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
09/19/2024	Lambert, Stan (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	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 EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Stati Lambert/Support/2024 General
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Landgraf, Brooks (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 13146
Expenditure from corporate funds	Odessa, TX 79768
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
	Brooks Landgraf/Support/2024 General
	Brooke Landgraw-cappoint 202 i Conordi
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Data	
Date	Payee name
09/19/2024	Leach, Jeff (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 866186
Expenditure from	
corporate funds	Plano, TX 75086
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 General
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to benefit 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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	
4 Tatal manage Calculula E4	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 16/27 Rpt: 47/59	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182
•	
4 Date	5 Payee name
09/19/2024	Leo-Wilson, Terri (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	29 Pirates BCH W
Expenditure from corporate funds	Galveston, TX 77554
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Terri Leo-Wilson/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	⊣
Date	Payee name
09/19/2024	Lopez, Janie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 2073
Expenditure from	
corporate funds	San Benito, TX 78586
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORL	Candidate/Officeholder/Political Committee
	Janie Lopez/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Lopez, Ray (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7015 Quiet Ridge Walk
Expenditure from corporate funds	San Antonio, TX 78250
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Ray Lopez/Support/2024 General
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 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	
1 Total pages Schedule F1:	
Sch: 17/27 Rpt: 48/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Lujan, John (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	20003 FM 1937
Expenditure from	San Antonio, TX 78221
corporate funds	
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 Contributions/Donations Made By Candidate/Officeholder Check if Austin, TX, officeholder living expense
	John Lujan/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/19/2024	Manuel, Christian (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	505 Orleans St.
Expenditure from corporate funds	Beaumont, TX 77701
PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Christian Manuel/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	н
Data	Davies warms
Date 09/19/2024	Payee name Martinez Fischer Troy (Pop.)
	Martinez Fischer, Trey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	104 Babcock Rd, Ste 107
Expenditure from	
corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Trey Martinez Fischer/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	T

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

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card F dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/27 Rpt: 49/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Metcalf, Will (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 454
Expenditure from corporate funds	Conroe, TX 77305
8 PURPOSE	1
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Will Metcalf/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/19/2024	Meyer, Morgan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	3838 Oak Lawn Ave
Expenditure from	# 400
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
EXPENDITORE	Candidate/Officeholder/Political Committee
	Morgan Meyer/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/01	
Date	Payee name
09/19/2024	Meza, Terry (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 155076
Expenditure from corporate funds	Irving, TX 75015
PURPOSE	1
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Terry Meza/Support/2024 General
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 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	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: 19/27 Rpt: 50/59	Chevron Employees Political Action Committee - Chevron 00016182	
4 Date	5 Payee name	
09/19/2024	Miles, Borris (Sen.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	5302 Almeda Rd.	
Expenditure from		
corporate funds	Houston, TX 77004	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Bottle Willes/Gupport/2020 1 military	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	-	
Date	Payee name	
09/19/2024	Money, Brent	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	2606 Lee St	
Expenditure from corporate funds	Greenville, TX 75401	
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. Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Brent Money/Support/2024 Scheral	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
09/19/2024	Morales, Christina (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 6514	
\$2,000.00	110.200.001	
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 Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Christina Morales/Support/2024 General	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 20/27 Rpt: 51/59	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chevron Employees Political Action Committee - Chevron 00016182			
4	Date 09/19/2024	5 Payee name Morales Shaw, Penny (Rep.)			
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 925991			
	Expenditure from corporate funds	Houston, TX 77292			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Penny Morales Shaw/Support/2024 General			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date 09/19/2024	Payee name Ordaz Perez, Claudia (Rep.)			
	Amount (\$) \$1,000.00 Expenditure from	Payee address; City; State; Zip Code P.O. Box 71738			
<u>_</u>	corporate funds	El Paso, TX 79917			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Claudia Ordaz Perez/Support/2024 General			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date 09/19/2024	Payee name Orr, Angelia (Rep.)			
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 113			
	Expenditure from corporate funds	Itasca, TX 76055			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Angelia Orr/Support/2024 General			
	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
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Contributions

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 Tatal manua Cabadala E4.				
1 Total pages Schedule F1: Sch: 21/27 Rpt: 52/59	2 FILER NAME Chevron Employees Political Action Committee - Chevron 3 Filer ID (Ethics Commission Filers) 00016182			
4 Date	5 Payee name			
09/19/2024	Parker, Tan (Sen.)			
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 271741			
Expenditure from corporate funds	Flower Mound, TX 75027			
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			
	Tan Parker/Support/2024 General			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/19/2024	Patterson, Jared (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
` '	P.O. Box 5419			
\$1,000.00	P.O. BOX 5419			
Expenditure from corporate funds	Frisco, TX 75035			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
LAFENDITORE	Candidate/Officeholder/Political Committee			
	Jared Patterson/Support/2024 General			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/19/2024	Paxton, Angela (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	P.O. Box 2878			
Expenditure from corporate funds	McKinney, TX 75070			
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			
	Angela Paxton/Support/2024 General			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 22/27 Rpt: 53/59	Chevron Employees Political Action Committee - Chevron 00016182							
4	Date	5 Payee nam	e	<u> </u>					
L	09/19/2024	Perez, Ma	ry (Rep.)						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode				
	\$1,500.00	P.O. Box 2	262432						
Г	Expenditure from corporate funds	Houston, ⁻	ΓX 77207						
8	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made E					le of Texas. Comp	
		Candidate	/Officeholder/Political	Committee		Mary Perez/S		officeholder living	
						WIGHTY FEIGZ/S	սսբի	JUI 11/2 UZ4 UC	ncia
9	Complete ONLY if direct		fficeholder name	Office sou	<u>l</u> ught			Office hel	ld
	expenditure to benefit C/OI								
	Date	Payee nam	e						
	09/19/2024	Plesa, Mih	aela (Rep.)						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$1,500.00 P.O. Box 796311								
	Expenditure from corporate funds	Dallas, TX	75248						
	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made E			—		le of Texas. Comp	
		Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Mihaela Plesa/Suppo							
							ا ک رہی۔	~PP0102024	25.10.01
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			d						
	expenditure to benefit C/OI	1							
	Date	Payee nam							
	09/19/2024	Romero, F	Ramon (Rep.)						
	Amount (\$)	Payee addr		State; Zip Co	ode				
	\$1,000.00	P.O. Box 2	181						
	Expenditure from corporate funds	Ft Worth,	TX 76101						
	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made E					le of Texas. Comp	
		Candidate	/Officeholder/Political	Committee		Check if Austin		officeholder living	
						Namon Rolli	GIU/	-σαρμυτί/202	4 Ocherai
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> ught			Office hel	d
	expenditure to benefit C/O				•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By 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:	
Sch: 23/27 Rpt: 54/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Rose, Toni (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P O Box 41867
Expenditure from corporate funds	Dallas, TX 75241
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Totil Rose/Support/2024 General
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Rosenthal, Jon (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	8624 Highway 6 N.
4_,000.00	Ste 340
Expenditure from	
corporate funds	Houston, TX 77064
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
	oon Noschalareapport2024 Contra
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
09/19/2024	Schatzline, Nate (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 162564
φοσοίοσ	1 0 Box 102001
Expenditure from corporate funds	Fort Worth, TX 76161
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LIBITORE	Candidate/Officeholder/Political Committee
	Nate Schatzline/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/O	

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	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/27 Rpt: 55/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Schwertner, Charles (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORE	Candidate/Officeholder/Political Committee
	Charles Schwertner/Support/2026 Primary
O Committee ONII Wife discret	Out district Office held an arrange of the second s
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/19/2024	Shaheen, Matt (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3917 Malton Dr.
Expenditure from	
corporate funds	Plano, TX 75025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LIBITORE	Candidate/Officeholder/Political Committee
	Matt Shaheen/Support/2024 General
Commission ONII V if dispose	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Slawson, Shelby (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 286
Expenditure from	
corporate funds	Stephenville, TX 76401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Shelby Slawson/Support/2024 General
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	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: 25/27 Rpt: 56/59	Chevron Employees Political Action Committee - Chevron 00016182	
4 Date	5 Payee name	
09/19/2024	Spiller, David (Rep.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 447	
Expenditure from	Jacksboro, TX 76458	
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 (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	David Spiller/Support/2024 General	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
09/19/2024	Thompson, Senfronia (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	4828 Loop Central Dr.	
Evponditure from	# 600	
Expenditure from corporate funds	Houston, TX 77081	
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	
	Senfronia Thompson/Support/2024 General	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	-	
Date	Payee name	
09/19/2024	Tinderholt, Tony (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 172713	
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Expenditure from corporate funds	Arlington, TX 76003	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Tony Tinderholt/Support/2024 General	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cd 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	
1 Total pages Schedule F1:	
Sch: 26/27 Rpt: 57/59	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
09/19/2024	Toth, Steve (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	67 Chestnut Meadow Dr
	Suite 100
Expenditure from corporate funds	Conroe, TX 77384
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAPENDITORE	Candidate/Officeholder/Political Committee
	Steve Toth/Support/2024 General
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	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 Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Ellen Hoxelali/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/19/2024	Turner, Chris (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Po Box 182093
,	
Expenditure from corporate funds	Arlington, TX 76096
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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 Check if Austin, TX, officeholder living expense Chris Turner/Support/2024 General
	Simo rumenoapportizoza central
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
Git/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)

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: 27/27 Rpt: 58/59	Chevron Employees Political Action Committee - Chevron 00016182				
4 Date	5 Payee name				
09/19/2024	Vo, Hubert (Rep.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	P.O. BOX 2227				
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Expenditure from corporate funds	Alief, TX 77411				
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				
	Hubert Vo/Support/2024 General				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/19/2024	Wu, Gene (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 742442				
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Expenditure from corporate funds	Houston, TX 77274				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Gene Wu/Support/2024 General				
2 1 2 2 2 2 2 2 2					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 59/59 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chevron Employees Political Action Committee - Chevron Corporation 00016182 5 Name of person from whom amount is received 8 Amount (\$) 07/24/2024 \$1,000.00 Shawn Thierry Campaign 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77021 Purpose for which amount is received X Check if political contribution returned to filer Void of 01.12.24 Disbursement