#### 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** 10/26/2024 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 MI **TREASURER** Ms. Alana NAME NICKNAME LAST **SUFFIX** O'Connell Ruegg STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 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) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 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 F	Political Action Committe	00016182		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ana-Maria Ramos State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	127,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	127,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Alana O'0	Connell Ruegg	
			mpaign Treasurer	•
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer	administering oath

#### FORM GPAC ADDENDUM

Page 3 of 56

						1 ago o o o o
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	Aicha Davis State Representati	Ve	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		, sona Bavio Giato Representati	••	
	(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	Alma Allen State Representativ	e	
	ACTIVITY	(Identify by name or, if		, and , and , class respication		
		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.)		Ana Hernandez State Represer	ntative	
	(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.)				

### FORM GPAC ADDENDUM

Page 4 of 56

12							
	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chev	ron	Corporation	00016182	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ted	Armando Martinez State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted			
			B. Oppose	ed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		ted	Benjamin Bumgarner State Rep	resentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted			
			B. Oppose	ed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		ted	Cesar Blanco State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted			
			B. Oppose	ed			<del></del>
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

### FORM GPAC ADDENDUM

Page 5 of 56

							rage 3 01 30
12	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	Brian Birdwell State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
		2. Measures	A. S	Supported			
		(Describe by date and location of election and nature of issue.)					
			B. C	Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
_	COMMITTEE	Candidates	+	2	Division Octobrilla Division Lab	• .	
	COMMITTEE ACTIVITY	(Identify by name or, if	A. S	Supported	Briscoe Cain State Representat	ive	
		applicable, classify by party.)	)				
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
			B. C	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	Bryan Hughes State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
		2. Measures	A. S	Supported			
		(Describe by date and location of election and nature of issue.)					
			B. C	Opposed			
		Officeholders     Assisted     (Identify by name or, if)					
		applicable, classify by party.)	)				

#### FORM GPAC ADDENDUM

Page 6 of 56

							1 age e el ee
12	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.)		Candy Noble St	ate 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	Carl Tepper Sta	te Representativ	/P	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Can repper Sta	ne representativ		
	(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	Carrie Isaac Sta	te Representativ	/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.)					

### FORM GPAC ADDENDUM

Page 7 of 56

								rage / 0130
12	COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Ch	evron	Corporation		00016182	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		orted	Charles Perry State S	Senator		
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed				
		Measures     (Describe by date and location of election and nature of issue.)	A. Supp	orted				
			В. Орро	sed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)						
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		orted	Cody Vasut State Re	presentativ	/e	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted				
			В. Оррс	sed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Cole Hefner State Re	epresentativ	ve	
	(Attach lists on plain paper to complete this report if necessary.)		В. Оррс	sed				
		Measures     (Describe by date and location of election and nature of issue.)	A. Supp					
			В. Орро	sed				
		Officeholders     Assisted (Identify by name or, if applicable, classify by party.)						

#### FORM GPAC ADDENDUM

Page 8 of 56

							1 ago o o o o
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevro	n Corporation		00016182	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlene War	d Johnson State F	I 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	d			
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Sunnorter	Daniel Δldere	State Representa	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		- Darner Adders	State Representa	uvc	
	(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				
		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	David Cook S	State Representativ	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	1			
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		1					

### FORM GPAC ADDENDUM

Page 9 of 56

											'	ugc s	9 01 30	
12	COMMITTEE NAME						13	Filer ID		(Ethi	cs Cor	nmissio	n Filers)	
_	Chevron Employees Po	litical Action Commit	ttee	- Chevron	Corporation			00016182	2					_
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Dennis Paul State Represe	ntati	ive							
	(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		Cupported	Diago Dornal Ctata Dange		<b>+</b> i							
	ACTIVITY	(Identify by name or, if		Supported	Diego Bernal State Represe	ına	uve							
		applicable, classify by party.)	)											
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed										
		Measures     (Describe by date and location of election and	A.	Supported										
		nature of issue.)												
			B.	Opposed										
		Officeholders     Assisted												
		(Identify by name or, if applicable, classify by party.)	)											
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Supported	Donna Campbell State Sen	ator								
	(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.)	)											

### FORM GPAC ADDENDUM

Page 10 of 56

							1 ago 10 01 00
12	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.)		Donna Howar	d 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				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Brad Buckley	State Representa	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Drau Buckley	State Representa	uve	
	(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	Suleman Lala	ni 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.)					

### FORM GPAC ADDENDUM

Page 11 of 56

						1 ago 11 01 00
12	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.)		Eddie Morales 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	Erin Gamez State Representativ	ve	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	C. Brandon Creighton State Ser	nator	
	(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

Page 12 of 56

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.)		Cecil Bell 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	1. Candidates		Tom Oliverson State Represent	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tom Giverson Glade Represent	auvo	
	(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.)		Gary Gates State Representative	re	
	(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.)				

### FORM GPAC ADDENDUM

Page 13 of 56

							1 490 10 01 00
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	tee - Chevro	n Corporation		00016182	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gary VanDea	ver 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	I			
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Harold Dutton	State Representa	etive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tharola Ballon	State 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	I			
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Helen Kerwin	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	I			
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		•					

### FORM GPAC ADDENDUM

Page 14 of 56

							1 age 2 1 61 66
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	ttee - Chevror	n Corporation		00016182	
14	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported		State Representat	ive	
	(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	James Frank	State Representat	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		oamoo i ram	Clare Nepresental		
	(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	Janis Holt St	ate 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.)					
		•					

### FORM GPAC ADDENDUM

Page 15 of 56

						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	Jay Dean 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	1. Candidates	A. Supported	Joanne Shofner State Represe	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	Joseph Moody 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.)				
			•			

### FORM GPAC ADDENDUM

Page 16 of 56

							1 ago 10 01 00
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	ttee - Chevror	Corporation		00016182	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Bucy State Re	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	1. Candidates	A. Supported	John Smithee State	Renresenta	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		John Smiller State	, representa	uve	
	(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	Jose Menendez Sta	ate 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.)					
		1					

### FORM GPAC ADDENDUM

Page 17 of 56

						1 age 21 0100
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Chevron Employees Po	litical Action Commit	ttee - Chevron	Corporation	00016182	
14	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Katrina Pierson State Represen	I Itative	
	(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		Keith Bell State Representative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Reith Bell 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	Kevin Sparks 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			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		applicable, classily by party.)	1			

### FORM GPAC ADDENDUM

Page 18 of 56

						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	1. Candidates	A. Supported	Lacey Hull State Representative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Zuody Tiuli Otato Noprodomanie		
	(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	Lois Kolkhorst State Senator		
	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.)		Mano DeAyala State Represent	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.)				

### FORM GPAC ADDENDUM

Page 19 of 56

COMMITTEE NAME Chevron Employees Po COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)	litical Action Commit  1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	n Corporation  d Mark Dorazio State Representa	13 Filer ID (Ethics Commission F 00016182	Filers)
COMMITTEE ACTIVITY  Attach lists on plain paper to complete this	Candidates  (Identify by name or, if	A. Supported	•		
ACTIVITY  Attach lists on plain paper to complete this	(Identify by name or, if		Mark Dorazio State Representa	ative	
paper to complete this					
		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	1		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	<u> </u>	A. Supported	d Mayes Middleton State Senato	•	
ACTIVITY	(Identify by name or, if		wayes middleton State Schalo		
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	1		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if	A. Supported	d Mike Schofield State Represen	tative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	d		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE COMMITTEE CONTROL OF THE COMMITTEE COMM	Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper 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  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Activity by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (ICTIVITY)  Attach lists on plain apper 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.)  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 (ICTIVITY)  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  B. Opposed  B. Opposed  A. Supported  A. Supported  Gescribe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if B. Opposed	Assisted (identify by name or, if applicable, classify by party.)  COMMITTEE (CTIVITY  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders (Identify by name or, if applicable, classify by party.)  COMMITTEE (CTIVITY  Attach lists on plain 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 or complete this eport if necessary.)  B. Opposed  A. Supported Mike Schofield State Represen  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed	Assisted (Identify by name, or if applicable, classify by party.)  Altach lists on plain aper to complete this apport if necessary.)  2. Measures (Oescribe by date and location of decicion and nature of Issue)  3. Officeholders Assisted (Identify by name, or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name, or, if applicable, classify by party.)  COMMITTEE CTIVITY  3. Officeholders Assisted (Identify by name, or, if applicable, classify by party.)  COMMITTEE CTIVITY  4. Supported (Identify by name, or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Mike Schofield State Representative  (Identify by name, or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location or included of Issue.)  B. Opposed  3. Officeholders Assisted  4. Supported  B. Opposed  B. Opposed  B. Opposed  3. Opposed  3. Officeholders Assisted  4. Supported  B. Opposed  B. Opposed

### FORM GPAC ADDENDUM

Page 20 of 56

						1 ago 20 01 00
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	A. Supported	Morgan LaMantia State Sena	tor	
		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			
		3. Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)	<u> </u>			
	COMMITTEE ACTIVITY	Candidates  (Identify by name or, if	A. Supported	Nathan Johnson State Senat	or	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and	A. Supported			
		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.)		Nicole Collier State Represer	itative	
	(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.)				

### FORM GPAC ADDENDUM

Page 21 of 56

						1 ago 21 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	Oscar Longoria State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Peter Flores State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Teter Flores State Seriator		
	(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	Philip Cortez 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.)				
			1			

#### FORM GPAC **ADDENDUM**

					Page 22 01 56
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	tee - Chevror	n Corporation	00016182	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Richard Hayes State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Richard Raymond State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Robert Nichols 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

Page 23 of 56

						1 ago 20 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.)		Roland Gutierrez State Senator	I	
	(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. Sunnorted	Royce West State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Noyee West 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	Sarah Eckhardt 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**

							Page 24 of 56
12	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.)	A. Supported	Juan Hinojosa	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				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Judith Zaffirini	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.)		Sergio Munoz	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.)					
			1				

### FORM GPAC ADDENDUM

Page 25 of 56

						Fage 23 01 30
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	ittee	- Chevron	Corporation	00016182	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Sheryl Cole State Representativ	/e	
(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					
OOMUTTEE	applicable, classify by party.)	+	O			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if	A.	Supported	Terry Canales State Representa	ative	
	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	Terry Wilson State Representat	ive	
(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.)	)				

### FORM GPAC ADDENDUM

Page 26 of 56

						1 ago 20 01 00
12	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.)		Dade Phelan State Representat	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Dan Patrick Lieutenant Governo	or	
	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	Trey Wharton State Representa	itive	
	(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.)				
			1			

### FORM GPAC ADDENDUM

Page 27 of 56

							Fage 27 01 30
COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Chevron Employees Po	litical Action Commit	ttee	e - Chevron	Corporation		00016182	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Valoree Swanson State	Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed				
	2. Measures	Α.	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	Vikki Goodwin State Rep	recent	ativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Capportoa	VIKKI OOOUWIII State Nep	neseni	alive	
(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.)		Supported	Vincent Perez State Rep	resenta	ative	
(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed				
	2. Measures	Α.	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.)						

#### GENERAL-PURPOSE COMMITTEE REPORT:

#### FORM GPAC ADDENDUM

PURPOSE						ADDENDON
					1	Page 28 of 56
? COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Chevron Employees P					00016182	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Walle	State Represer	tative	
(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

29 of 56				
17 COMMITT	EE NAME Employees Political Action Committee - Chevron Corporation	<b>18</b> Filer ID 00016182	(Ethics C	ommission Filers)
		00010182	т —	
19 SCHEDUL NAME OF		SUE	BTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	127,000.00
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 CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	127,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY	POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/1 Rpt: 30/56
2	FILER NAME Chevron Employees	Political Action Committee - Chevron Corp	oration	1	Filer ID (Ethics Commission Filers) 00016182
	Date 09/27/2024  5 Full name of contributor out-of-state PAC (ID#:) Chevron Employees PAC  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$127,000.00
_		Ramon, CA 95483	1		
8	Principal occupation / 3	lob title (See Instructions)	9 Employer (See Instructions	s)	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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: 1/26 Rpt: 31/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Alders, Daniel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 8907
Expenditure from corporate funds	Tyler, TX 75711
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Daniel Alders/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	<u> </u>
Date	Payee name
10/03/2024	Allen, Alma (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3717 Cork Drive
Expenditure from corporate funds	Houston, TX 77047
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
	Alma Allen/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>-</b>
Date	Payee name
10/03/2024	Bell, Cecil (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 819
72,000.00	
Expenditure from	Magnalia TV 772E2
corporate funds	Magnolia, TX 77353
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/Officeriolder/Political Committee Cecil Bell/Support/2024 General
	33311 2311 331131 a
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)

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: 2/26 Rpt: 32/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Bell, Keith (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P O Box 1178
Expenditure from corporate funds	Forney, TX 75126
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.
LXI LINDITORE	Candidate/Officeholder/Political Committee
	Keith Bell/Support/2024 General
O Committee ONII Wife discret	Overhide to 10ff and helder according to 10ff according
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Bernal, Diego (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 15677
Expenditure from	
corporate funds	San Antonio, TX 78212
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
	Biogo Bollia/Gappolit202 / Gollola/
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payes name
10/03/2024	Payee name Birdwell, Brian (Sen.)
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code P. O. Box 1111
φ3,000.00	F. O. BOX 1111
Expenditure from	O TV 70040
corporate funds	Granbury, TX 76048
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter if travel outside of Taylor Camplete Schedule T
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Brian Birdwell/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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
TTALE (Control of State Control of C

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: 3/26 Rpt: 33/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Blanco, Cesar (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	Po Box 27074
Expenditure from corporate funds	El Paso, TX 79926
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Gesar Blanco/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Dougo nomo
10/03/2024	Payee name  Puckley, Brad (Bon.)
	Buckley, Brad (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1321 Pershing Drive
Expenditure from	
corporate funds	Kileen, TX 76549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Brad Buckley/Support/2024 General
Commission ONII V if diment	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Bucy, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 536
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EVENDIIOKE	Candidate/Officeholder/Political Committee
	John Bucy/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising 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	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: 4/26 Rpt: 34/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Bumgarner, Benjamin (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	5150 KENSINGTON COURT
Expenditure from corporate funds	FLOWER MOUND, TX 75022
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Benjamin Bumgarner/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/03/2024	Cain, Briscoe (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 7
- Evenanditura from	
Expenditure from corporate funds	Deer Park, TX 77536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Briscoe Cain/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Campbell, Donna (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P O Box 171002
- "	
Expenditure from corporate funds	San Antonio, TX 78217
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
	Donna Campbell/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 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: 5/26 Rpt: 35/56	2 FILER NAME Chevron Employees Political Action Committee - Chevron  3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
10/03/2024	Canales, Terry (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	310 S. Closner Blvd
Expenditure from corporate funds	Edinburg, TX 78539
8 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	Continuodions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Terry Canales/Support/2024 General
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Cole, Sheryl (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 41
φ500.00	F.O. BOX 41
Expenditure from corporate funds	Austin, TX 78767
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
	Sheryl Cole/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Collier, Nicole (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	P.O. Box 24241
Expenditure from corporate funds	Fort Worth, TX 76124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Nicole Collier/Support/2024 General
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 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 6/26 Rpt: 36/56	2 FILER NAME Chevron Employees Political Action Committee - Chevron  3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
10/15/2024	Cook, David (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	309 E. Broad Street
Expenditure from corporate funds	Mansfield, TX 76063
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
	Bavia Goon Support 2024 General
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Cortez, Philip (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 276155
Expenditure from corporate funds	San Antonio, TX 78227
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
	Thing Gorles/Supports2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Creighton, C. Brandon (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	2257 N. Loop 336, # 140-366
Expenditure from corporate funds	Conroe, TX 77304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	C. Brandon Creighton/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: 7/26 Rpt: 37/56	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chevron Employees Political Action Committee - Chevron 00016182
-	l l
4 Date	5 Payee name
10/03/2024	Davis, Aicha
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 71
Expenditure from	D. C TV 75445
corporate funds	DeSoto, TX 75115
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
	Aicha Davis/Support/2024 General
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/O	
Date	Payee name
10/03/2024	DeAyala, Mano (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	12335 Kingsride Lane
Expenditure from	#416
corporate funds	Houston, TX 77024
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
	Mano DeAyala/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
	Payee name
10/03/2024	Dean, Jay (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3822 Holly Ridge
Expenditure from corporate funds	Longview, TX 75605
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Jay Dean/Support/2024 General
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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/26 Rpt: 38/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Dorazio, Mark (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 461341
Expenditure from corporate funds	San Antonio, TX 78246
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
	Mark Dorazio/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
10/03/2024	Dutton, Harold (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	3801 Kirby, Suite 411
Expenditure from corporate funds	Houston, TX 77098
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
	Harold Dutton/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Eckhardt, Sarah (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 301586
Expenditure from	
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	Candidate/Officeholder/Political Committee
	Sarah Eckhardt/Support/2024 General
Commission Chill V III alia	Constitute / Office helder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 9/26 Rpt: 39/56	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chevron Employees Political Action Committee - Chevron 00016182
	l l
4 Date	5 Payee name
10/03/2024	Flores, Peter (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1 E Greenway Plaza St 225
Expenditure from	Houston TV 77046
corporate funds	Houston, TX 77046
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
	Peter Flores/Support/2026 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/03/2024	Frank, James (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3808 B Kemp Blvd., Suite 321
Expenditure from	
corporate funds	Wichita Falls, TX 76308
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
	James Frank/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Data	Davies same
Date	Payee name
10/03/2024	Gamez, Erin (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	777 E Harrison
Expenditure from corporate funds	Brownsville, TX 78520
PURPOSE	
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
	Erin Gamez/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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: 10/26 Rpt: 40/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Gates, Gary (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2205 Ave. I, Ste. 118
Expenditure from corporate funds	Rosenberg, TX 77471
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
	Gary Gates/Support/2024 General
O Committee ONLY if allowed	On didn't lot for a bald and a second to the first bald.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Goodwin, Vikki (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	9901 Brodie Ln Ste 160-315
Expenditure from corporate funds	Austin, TX 78748
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
	VIKKI Goodwiii/Gupporuzuz- General
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/O	
Date	Payee name
10/03/2024	Gutierrez, Roland (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 15232
Expenditure from corporate funds	San Antonio, TX 78212
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
	Notatio Guilettez/Support/2020 Filinary
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

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	
1 Total pages Cabadula F1:	<u>.</u>
1 Total pages Schedule F1: Sch: 11/26 Rpt: 41/56	Chevron Employees Political Action Committee - Chevron  O0016182
·	· · ·
4 Date	5 Payee name
10/03/2024	Hayes, Richard (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2818
Expenditure from corporate funds	Denton, TX 76202
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
	Menara Hayes/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
10/03/2024	Hefner, Cole (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P O Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75455
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Cole Hefner/Support/2024 General
Commission ONII V if dispose	Candidata/Officahaldarragea Offica acustot
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Hernandez, Ana (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 15538
Expenditure from corporate funds	Houston, TX 77220
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Ana Hernandez/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

#### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

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

ent Solicitation/Fundraising Expense
se 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	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: 12/26 Rpt: 42/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Hinojosa, Juan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	612 W. Nolana, Suite 410
Expenditure from corporate funds	McAllen, TX 78504
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
	Juan Hinojosa/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del>
Date	Payee name
10/03/2024	Holt, Janis
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 1311
Expenditure from corporate funds	Silsbee, TX 77656
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
	Janis Holt/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/OI	'
Date	Payee name
10/03/2024	Howard, Donna (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 5375
Expenditure from corporate funds	Austin, TX 78763
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
	Donna Howard/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefit 6/01	•

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 13/26 Rpt: 43/56	2 FILER NAME Chevron Employees Political Action Committee - Chevron  3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
10/03/2024	Hughes, Bryan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
8 PURPOSE	(a) Cotogon (h) Deceription
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	Continuous/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Bryan Hughes/Support/2026 Primary
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Hull, Lacey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 19231
Ψ1,000.00	1 0 BOX 13201
Expenditure from corporate funds	Houston, TX 77724
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Lacey Hull/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Isaac, Carrie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	100 Commons Rd. #7-125
\$1,000.00	100 Commons Rd. #1-125
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Carrie Isaac/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

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

Candidate/Officeholder/Politica Credit Card Payment	
orean oard rayment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/26 Rpt: 44/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Johnson, Nathan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 670994
Expenditure from corporate funds	Dallas, TX 75367
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Nathan 30m30h/3upp0h/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/03/2024	Kerwin, Helen
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	420 Grand Ave.
Expenditure from corporate funds	Glen Rose, TX 76043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Helefi Netwit/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-t
Date	Payee name
10/03/2024	Kolkhorst, Lois (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P O Box 2546
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Lois Koikiioist/Support/2020 Pilitidiy
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/26 Rpt: 45/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	LaMantia, Morgan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1324 E. Madison Ave
Expenditure from corporate funds	Brownsville, TX 78520
8 PURPOSE	1
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
	Morgan LaMantia/Support/2024 General
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Lalani, Suleman (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 6514
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Suleman Lalani/Support/2024 General
	Galeman Ediam, Gapport 2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Longoria, Oscar (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 4224
·	
Expenditure from corporate funds	Misson, TX 78573
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
	Oscar Longona cappora 2024 Ochora
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	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: 16/26 Rpt: 46/56	Chevron Employees Political Action Committee - Chevron 00016182
4	Date	5 Payee name
	10/03/2024	Lozano, Jose (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	727 Arroyo Drive
	Expenditure from corporate funds	Kingsville, TX 78363
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
		Jose Lozano/Support/2024 General
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/03/2024	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 1651
	Expenditure from corporate funds	Weslaco, TX 78599
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Armando Martinez/Support/2024 General
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to beriefft C/Or	
	Date	Payee name
	10/03/2024	Menendez, Jose (Sen.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	4522 Fredricksburg Road, Suite A-3
	- Evnanditura from	
L	Expenditure from corporate funds	San Antonio, TX 78201
	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
		Jose Wellendez/Jupport/2020 Filinary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

### 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: 17/26 Rpt: 47/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Middleton, Mayes (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 1526
Expenditure from corporate funds	Galveston, TX 77553
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Mayes Middleton/Support/2026 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/03/2024	Moody, Joseph (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 920827
— F	
Expenditure from corporate funds	El Paso, TX 79902
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
	Joseph Moody/Support/2024 General
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
10/03/2024	Morales, Eddie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	352 Hillcrest Blvd
Expenditure from	
corporate funds	Eagle Pass, TX 78852
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	Candidate/Officeholder/Political Committee
	Eddie Morales/Support/2024 General
Complete ONII V & direct	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/26 Rpt: 48/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/15/2024	Munoz, Sergio (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1110 South Closner Blvd
Expenditure from corporate funds	Edinburg, TX 78539
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
	Sergio Munoz/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/03/2024	Nichols, Robert (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P O Box 2347
Expenditure from corporate funds	Jacksonville, TX 75766
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Robert Nichols/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
10/03/2024	Noble, Candy (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1105 E. Main Street #223
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Candy Noble/Support/2024 General
Osmalar Others "	Condition (Office helder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 19/26 Rpt: 49/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Oliverson, Tom (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1 Greenway Plaza, #225
Expenditure from corporate funds	Houston, TX 77046
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
	Totti Oliverson/Support/2024 General
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Patrick, Dan
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	P.O. Box 695085
,	
Expenditure from corporate funds	Austin, TX 78768
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
	Dan Patrick/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Paul, Dennis (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	626 1/2 Barringer Lane, # A
\$1,500.00	020 1/2 Ballinger Laile, # A
Expenditure from corporate funds	Webster, TX 77598
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
	Dennis Paul/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beriefit C/Or	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

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: 20/26 Rpt: 50/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Perez, Vincent
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	649 Londonderry Road
Expenditure from	
corporate funds	El Paso, TX 79907
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Vincent Perez/Support/2024 General
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
10/03/2024	Perry, Charles (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 94806
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Chanes i etry/supportizozo i initary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/15/2024	Phelan, Dade (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 848
Expenditure from corporate funds	Austin, TX 77627
PURPOSE OF	(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
	Bade i Holain Bapporazoz - Contral
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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/26 Rpt: 51/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Pierson, Katrina
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 672
Expenditure from corporate funds	Rockwall, TX 75087
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
	Katrina Pierson/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/03/2024	Ramos, Ana-Maria (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 852227
Expenditure from corporate funds	Richardson, TX 75085
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Ana-Maria Ramos/Support/2024 General
Commission ONII V if diment	Condidate/Office helder name Office accords
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Raymond, Richard (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 450349
Evponditure from	
Expenditure from corporate funds	Laredo, TX 78045
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LADITORE	Candidate/Officeholder/Political Committee
	Richard Raymond/Support/2024 General
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
21.12.11.21.12.12.12.12.12.12.12.12.12.1	

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 22/26 Rpt: 52/56	2 FILER NAME Chevron Employees Political Action Committee - Chevron  3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
10/03/2024	Schofield, Mike (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	934 Hidden Canyon Rd.
Expenditure from	V-+ . TV 77.450
corporate funds	Katy, TX 77450
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Mike Schofield/Support/2024 General
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Shofner, Joanne
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	638A N. University Dr. 177
Expenditure from corporate funds	Nacogdoches, TX 75965
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
	Joanne Shofner/Support/2024 General
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Smithee, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	320 South Polk, Suite 920
Ψ1,000.00	320 South Fork, Suite 320
Expenditure from	Amarilla, TV 70101
corporate funds	Amarillo, TX 79101
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	John Smithee/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: 23/26 Rpt: 53/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Sparks, Kevin (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	2600 Mockingbird
Expenditure from corporate funds	Midland, TX 79705
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
	Kevin Sparks/Support/2026 Primary
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/03/2024	Swanson, Valoree (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6046 FM 2920 #619
Expenditure from corporate funds	Spring, TX 77379
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
	Valoree Swanson/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/Oi	
Date	Payee name
10/03/2024	Tepper, Carl (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 94534
Expenditure from corporate funds	Lubbock, TX 79493
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
	Carl Tepper/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### 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)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 24/26 Rpt: 54/56	2 FILER NAME Chevron Employees Political Action Committee - Chevron  3 Filer ID (Ethics Commission Filers) 00016182
4 Date	5 Payee name
10/03/2024	VanDeaver, Gary (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 866
Expenditure from corporate funds	New Boston, TX 75570
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Gary VanDeaver/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Vasut, Cody (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 2724
Expenditure from corporate funds	Angleton, TX 77516
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Cody Vasut/Support/2024 General
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Walle, Armando (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	4101 Washington Avenue
Expenditure from corporate funds	Houston, TX 77007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EM EMBITORE	Candidate/Officeholder/Political Committee
	Armando Walle/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:	
Sch: 25/26 Rpt: 55/56	Chevron Employees Political Action Committee - Chevron 00016182
4 Date	5 Payee name
10/03/2024	Ward Johnson, Charlene
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 925775
Expenditure from corporate funds	Houston, TX 77292
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Charlene Ward Johnson/Support/2024 General
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/03/2024	West, Royce (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	320 S R.L. Thornton Fwy
	Suite 220
Expenditure from corporate funds	Dallas, TX 75203
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Royce West/Support/2024 General
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-1</del>
Date	Payee name
10/03/2024	Wharton, Trey
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1300 11th Street Suite 630
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	Candidate/Officeholder/Political Committee
	Trey Wharton/Support/2024 General
Complete CAU V & diat	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 26/26 Rpt: 56/56	2 FILER NAME3 Filer ID(Ethics Commission Filers)Chevron Employees Political Action Committee - Chevron00016182
4 Date	5 Payee name
10/03/2024	Wilson, Terry (Rep.)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 2302
<b>+</b> =,000.00	1.0.200.2002
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  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense  Terry Wilson/Support/2024 General
	Terry Wilson/Support/2024 General
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Zaffirini, Judith (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 627
Expenditure from corporate funds	Laredo, TX 78042
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Judith Zaffirini/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held