

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Marathon Oil Company Employees Political Action Committee	13 Filer ID (Ethics Commission Filers) 00084145
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported See Schedule F See Schedule F
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 532.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,887.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Zachary Dailey

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Marathon Oil Company Employees Political Action Committee		18 Filer ID (Ethics Commission Filers) 00084145
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 532.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,887.82
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 14,000.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 4/8
2 FILER NAME Marathon Oil Company Employees Political Action Committee		3 Filer ID (Ethics Commission Filers) 00084145
4 Date 11/25/2024	5 Corporation / Labor Organization name Marathon Oil Company	6 Amount (\$) 532.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/8	2 FILER NAME Marathon Oil Company Employees Political Action	3 Filer ID (Ethics Commission Filers) 00084145
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4 Date 11/14/2024	5 Payee name Comerica Bank
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6 Amount (\$) \$31.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 75000 Detroit, MI 48275
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Admin expense - other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2024 Admin expense - other MI
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/25/2024	Payee name Texas Oil and Gas PAC
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Amount (\$) \$17,856.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4217 Prickly Pear Drive Austin, TX 78731
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To Support Not Applicable 2024 State PAC TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 6/8
2 FILER NAME Marathon Oil Company Employees Political Action Committee		3 Filer ID (Ethics Commission Filers) 00084145
4 Date 11/25/2024	5 Name of person from whom amount is received Ana Hernandez for State Rep Dist 143	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77220	
	7 Purpose for which amount is received Voided: Original check dated 09/12/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Friends of Brandon Creighton	Amount (\$) \$1,500.00
	Address of person from whom amount is received; City; State; Zip Code The Woodland, TX 77381	
	Purpose for which amount is received Voided: Original check dated 09/12/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Friends of Paul Bettencourt	Amount (\$) \$1,500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77046	
	Purpose for which amount is received Voided: Original check dated 03/21/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Friends of Pete Flores for Texas Senate	Amount (\$) \$1,500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77046	
	Purpose for which amount is received Voided: Original check dated 03/21/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Glenn Hegar Campaign	Amount (\$) \$2,500.00
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701	
	Purpose for which amount is received Voided: Original check dated 10/14/24 <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 7/8
2 FILER NAME Marathon Oil Company Employees Political Action Committee		3 Filer ID (Ethics Commission Filers) 00084145
4 Date 11/25/2024	5 Name of person from whom amount is received Lois W. Kolkhorst for Texas Senate	8 Amount (\$) \$1,500.00
	6 Address of person from whom amount is received; City; State; Zip Code Brenham, TX 77834	
	7 Purpose for which amount is received Voided: Original check dated 09/12/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Mary Ann Perez Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77017	
	Purpose for which amount is received Voided: Original check dated 10/14/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Ryan Guillen Campaign	Amount (\$) \$1,500.00
	Address of person from whom amount is received; City; State; Zip Code Rio Grande City, TX 78582	
	Purpose for which amount is received Voided: Original check dated 01/25/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Shawn Thierry Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77025	
	Purpose for which amount is received Voided: Original check dated 03/21/24 <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/25/2024	Name of person from whom amount is received Walle for State Rep Dist 140	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77007	
	Purpose for which amount is received Voided: Original check dated 09/12/24 <input type="checkbox"/> Check if political contribution returned to filer	

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

8 of 8

The Instruction Guide explains how to complete this form. ****Complete only if "Report Type" on page 1 is marked "Dissolution" ****

1 COMMITTEE NAME Marathon Oil Company Employees Political Action Committee	2 Filer ID (Ethics Commission Filers) 00084145
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3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Zachary Dailey

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath