LOBBYIST COVER SHEET

Name of Filer:  Chevron U.S.A., and Its Affiliates

Telephone:  (415) 389-6800  E-mail: jcarson@nmgovlaw.com

Area Code - Number

Business Address:  6001 Bollinger Canyon Road – G1140  San Ramon  CA  94583-0716

Number  Street  City  State  Zip

Registration Number:  

This report is for a (check one of the following):

☐ Contract Lobbyist  ☑ Business & Organization Lobbyist  ☐ Expenditure Lobbyist

Attached to this cover sheet are the following forms (check all that apply):

Contract Lobbyist

☐ Form 1A  ☑ Form 2A
☐ Form 3A
☐ No Form 3 is attached (Filer engaged in no reportable activity)
☐ Form 4
☐ Form 5
☐ Form 6
☐ Form 7

Business & Organization Lobbyist

☐ Form 1B  ☑ Form 2B
☐ Form 3B
☐ No Form 3 is attached (Filer engaged in no reportable activity)
☐ Form 6
☐ Form 7

Expenditure Lobbyist

☐ Form 1C  ☐ Form 2C
☐ Form 3C
☐ No Form 3 is attached (Filer engaged in no reportable activity)
☐ Form 6
☐ Form 7

FILING PERIOD COVERED (check one):

☑ This is an original filing for the period 10/01/2022 through 12/31/2022.
☐ This amends form(s) filed on ________ for the period ________ through ________.

Payment Calculation:

☐ $35 Initial Lobbyist Registration Fee ..............................................$ ______

☑ $35 Annual Lobbyist Re-Registration Fee ..............................................$ 35.00

☐ Initial Client Registration Fee x Number of Clients (_____) ..............................................$ ______

☐ $15 Annual Client Re-Registration Fee x Number of Clients (_____) ..............................................$ ______

☐ _______ days late x $10 Fine ..............................................$ ______

Total Payment Due ..............................................$ 35.00

I certify under penalty of perjury under the laws of the State of California that the information provided on this Lobbyist Cover Sheet and all accompanying forms is true, complete and correct.

________________________  1/15/2023
Christopher E. Skinnell, Attorney & Agent for Filer

Type or Print Name of Lobbyist

Lobbyist Cover Sheet
01/13/23
Form 2B: ANNUAL RE-REGISTRATION REPORT FOR BUSINESS AND ORGANIZATION LOBBYISTS

- Re-registration reports are due no later than January 15 of each year.

Name of Filer:  Chevron U.S.A., Inc. and its Affiliates

Business Address:  6001 Bollinger Canyon Road - G1140  San Ramon  CA  94583

Business Phone Number:  415-389-6800

Describe the nature and purpose of the filer, including a statement whether the filer is an industry, trade or professional association:

Petroleum and Petrochemical Exploration
FORM 3B: QUARTERLY REPORT OF LOBBYIST ACTIVITY FOR BUSINESS AND ORGANIZATION LOBBYISTS

Each lobbyist must file quarterly reports as follows:

- The report for January 1 – March 31 is due no later than April 15.
- The report for April 1 – June 30 is due no later than July 15.
- The report for July 1 – September 30 is due no later than October 15.
- The report for October 1 – December 31 is due no later than January 15.

Name of Filer: Chevron Corporation and Its Subsidiaries

I. INFORMATION ABOUT THE FILER

Name each employee or member of the filer authorized to contact City officers on behalf of the filer during the reporting period.

Hakim Johnson

II. PAYMENT AND LOBBYING INFORMATION (CONTINUED)

For each payment made, report the following:

Report the total amount of payments made by the filer during the reporting period to influence local legislative or administrative action: $322.00

Payment made to: Hakim Johnson

Amount of payment: $322.00

Provide the name and title, if applicable, of each City officer and department contacted by the filer’s employees or members or by contract lobbyists retained by the filer (if any), during the reporting period:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lina Velasco</td>
<td>Director of Community Development</td>
<td>City of Richmond, Planning</td>
</tr>
</tbody>
</table>

Describe in detail each local legislative or administrative action the filer sought to influence during the reporting period, and the outcome sought by the filer.

Discussions to resolve issuance of building permits for occupancy and initiate reviews of future projects.

☐ For multiple payments, please photocopy this sheet and attach additional sheets.

III. REPORT OF ACTIVITY EXPENSES

Report the total amount of activity expenses incurred by the filer during the reporting period: N/A

For each activity expense incurred, report the following:

Date of expense: N/A
Amount of expense: N/A

Name and official title, if any, of the beneficiary of the activity expense, and the portion of the total cost of the activity that represents the value of the benefit conferred on the beneficiary:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Value conferred on Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Describe the benefit conferred: N/A

Name the payee of the expense if other than the beneficiary: N/A

If the activity expense is the salary of an employee of the filer who serves as a City officer, name the employee, indicate the employee's official title, and indicate the salary range paid to the employee during the reporting period by checking off the appropriate box below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Official Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary Expense:</td>
<td></td>
</tr>
<tr>
<td>□ up to $250</td>
<td></td>
</tr>
<tr>
<td>□ more than $250 but less than or equal to $1,000</td>
<td></td>
</tr>
<tr>
<td>□ more than $1,000 but less than or equal to $10,000</td>
<td></td>
</tr>
<tr>
<td>□ more than $10,000</td>
<td></td>
</tr>
</tbody>
</table>

IV. REPORT OF POLITICAL CONTRIBUTIONS

Report the total amount of political contributions made or delivered by the filer, or for which the filer served as an agent or intermediary, during the two months preceding this filing.

For each political contribution of $100 or more, report the following:

Name the City officer, candidate for City office or committee to which the contribution was made:

Amount of the contribution: $0.00

Check all that apply: □ Filer made the contribution
□ Filer delivered the contribution
□ Filer arranged for the contribution
□ Filer served as an agent or intermediary in making the contribution

If the filer delivered a contribution from another source or arranged or served as an agent or intermediary in making a contribution for another, identify the true source of the funds:

□ If additional space is required, check here and attach additional sheet