11/08/2001 14 : 56

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) X (Check if name is changed) Example: If typying, type over the lines 12FE4M5

ChevronTexaco Employees Political Action Committee

ADDRESS (Number and street) 2613 Camino Ramon, Room 3362

(Check if address is changed)

San Ramon CA 94583 - 4269

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE M 10 D 09 Y 2001

3. **FEC IDENTIFICATION NUMBER** ▶ **C00035006**

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mr. Ramiro Estrada

Signature of Treasurer Electronically Filed by Mr. Ramiro Estrada Date M 10 D 17 Y 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FROM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

ChevronTexaco Corporation

Mailing Address 2613 Camino Ramon

Room 3362

San Ramon CA 94583

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

ChevronTexaco Employees Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE▲ ZIP CODE ▲

Telephone number ( ) - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Ramiro Estrada**

Mailing Address

Title or Position ▼ CITY ▲ STATE▲ ZIP CODE ▲

Telephone number ( ) - -

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE▲ ZIP CODE ▲

Telephone number ( ) - -

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY △ STATE △ ZIP CODE △

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Texaco Inc. Political Involvement Committee

Mailing Address 2000 Westchester Avenue

White Plains NY 10650

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated Committees

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

Telephone number 0 _____ – _____ – _____

X