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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Phillips 66 PAC 670 Adams Building ADDRESS (number and street) 411 South Keeler Avenue (Check if address is changed) Bartlesville 74003 OK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS belinda.e.sandoval@p66.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00513549 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Charles Rohrs Type or Print Name of Treasurer Charles Rohrs [Electronically Filed] 10 15 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE Committee:	
(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. (Compleinformation below.)	ete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party.
Poli	itical A	action Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a
		X Corporation Corporation w/o Capital Stock	_abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	Δ		

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Write or Type Committee Nan		9- •
Phillips 66 PAC		
•	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Phillips 66		
	3010 Briarpark Drive	
Mailing Address		
	9th Floor Pinnacle Houston TX 7	7042
	CITY STATE	ZIP CODE
	ed Organization Affiliated Committee Joint Fundraising Representative entify by name, address (phone number optional) and position of the persor	Leadership PAC Sponsor in possession of committee
books and records.	, , and possess	,
Full Name	Sandoval 603.2 Adama Building	
Mailing Address	693-3 Adams Building	
	411 South Keeler Avenue	
	Bartlesville OK 7	4003
Title or Position	CITY STATE	ZIP CODE
Recordkeeper	1 Telephone number 918	977 5022
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name Charles F	Rohrs	
Mailing Address	670 Adams Building	
	411 South Keeler Avenue	
	Bartlesville OK 74	1003
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 918	977 5474

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Full Name of	Jennifer Stettner			
Designated Agent				
Mailing Address	601 Pennsylvania	Ave NW		
	Suite 1150N			
	Washington		DC	20004
		CITY	STATE	ZIP CODE
Title or Position Assistant Treas	irer		lephone number 20	02 - 416 - 4582
				i un de la la la casa un terra monte.
Banks or Other safety deposit be Name of Bank,		other depositories in which	the committee deposits f	unas, noias accounts, rents
safety deposit be	ces or maintains funds. Depository, etc. Comerica Bank	other depositories in which	the committee deposits f	unas, noias accounts, rents
safety deposit be	xes or maintains funds. Depository, etc.	other depositories in which	the committee deposits f	unas, noias accounts, rents
safety deposit be Name of Bank,	ces or maintains funds. Depository, etc. Comerica Bank	other depositories in which	the committee deposits f	unas, noias accounts, rents
safety deposit be Name of Bank,	ces or maintains funds. Depository, etc. Comerica Bank	other depositories in which	the committee deposits f	48275
safety deposit be Name of Bank,	ces or maintains funds. Depository, etc. Comerica Bank P.O. Box 75000	other depositories in which		
safety deposit be Name of Bank,	P.O. Box 75000 Detroit		MI	48275
safety deposit be Name of Bank, Mailing Address	P.O. Box 75000 Detroit		MI	48275
safety deposit be Name of Bank, Mailing Address Name of Bank,	P.O. Box 75000 Detroit Depository, etc.		MI	48275
safety deposit be Name of Bank, Mailing Address	P.O. Box 75000 Detroit Depository, etc.		MI	48275
safety deposit be Name of Bank, Mailing Address Name of Bank,	P.O. Box 75000 Detroit Depository, etc.		MI	48275

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: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment is being filed to notify you of our change in address of the Asst Treasurers.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Dee Janovsky Full Name 601 Pennsylvania Ave NW Mailing Address Suite 1150N Washington DC 20004 Title or Position CITY # **STATE** ZIP CODE Assistant Treasurer 202 416 4585 Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number