FEC

Only

STATEMENT OF

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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 601 Pennsylvania Avenue, NW ADDRESS (number and street) Ste 1150N (Check if address is changed) Washington 20004-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jeffrey.m.reamy@p66.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 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. ORCUTT, JAMES, R,, Type or Print Name of Treasurer ORCUTT, JAMES, R, , [Electronically Filed] 05 2018 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

Local 202-694-1100

FEC Fo	orm 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		(Democratic,
(d)		Republican, etc.) Party.
Political A	action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
	Corporation Corporation w/o Capital Stock	Labor 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising 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.	o 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.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write or Type Committee Na		. age e
Phillips 66 PA		
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adershin PAC Sponsor
	a organization, Annated committee, John Fundraising Representative, or Edi	Action PT Act Sponsor
PHILLIPS 66		
Mailing Address	2331 Citywest Blvd	
ivialility Address		
	Houston TX 770	042-2862
	CITY STATE	ZIP CODE
Relationship: X Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person i	in possession of committee
REAM	Y, JEFFREY, MICHAEL, Mr.,	
Full Name	601 Pennsylvania Ave NW	
Mailing Address		
	Washington DC 200	004-2601
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 202	- 416 - 4583
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ne name and address of
Full Name ORCU	TT, JAMES, R, ,	
of Treasurer		
Mailing Address	120 Blommaert St	
	Borger	007-8441
T0 5 0	CITY STATE	ZIP CODE
Title or Position Treasurer		_1 1_1
	Telephone number	

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Full Name of Designated Agent	REAMY, JEFFREY, MICHAEL, Mr.,	1 1 1 1 1 1 1
Mailing Address	601 Pennsylvania Ave NW	
	Washington DC 2000	4-2601
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	rurer Telephone number 202 –	416 - 4583
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	olds accounts, rents
	Arvest Bank	
Mailing Address	,P.O. Box 999	
Mailing Address	P.O. Box 999	
Mailing Address	,P.O. Box 999	5
Mailing Address	P.O. Box 999	5 ZIP CODE
Mailing Address Name of Bank, [P.O. Box 999 Bartlesville OK 7400 CITY STATE	
	P.O. Box 999 Bartlesville OK 7400 CITY STATE	
	P.O. Box 999 Bartlesville CITY STATE Depository, etc. Comerica Bank P.O. Box 75000	
Name of Bank, [P.O. Box 999 Bartlesville CITY STATE Depository, etc. P.O. Box 75000 P.O. Box 75000	ZIP CODE
Name of Bank, [P.O. Box 999 Bartlesville CITY STATE Depository, etc. Comerica Bank P.O. Box 75000	ZIP CODE

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1N Transaction ID:

This Committee files this amendment to report a change in the Committee's assistant treasurer.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor baseling banks or mailing Address Mailing Address	ries: List all banks o	CITY A or other depositories in whether depositories in which depositories in whether depositories in which depositories in whi	Telephone Nu		ZIP CODE ZIP CODE s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main and the second se	ries: List all banks o		Telephone Nu	mber	
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main and the second se	ries: List all banks o		Telephone Nu	mber	
Mailing Address TITLE OR POSITION Banks or Other Depositor cafety deposit boxes or mainly deposit boxes or mainly deposit boxes.	ries: List all banks o		Telephone Nu	mber	
Mailing Address TITLE OR POSITION Banks or Other Depositor	ries: List all banks o		Telephone Nu	mber	
Mailing Address TITLE OR POSITION			Telephone Nu	mber	
Mailing Address		CITY A			ZIP CODE A
Mailing Address		CITY A		TATE A	ZIP CODE A
Full Name					
1					
Designated Agent: Identify	y by name, address	(phone number – optiona)		
x Connected	d Organization	Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC Spo
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Houston			TX	77042-2862
Mailing Address	2331 Citywest Blv	rd 			<u> </u>
PHILLIPS 66					
	Organization, Affilia	ated Committee, Joint Fu	ındraising Rep	esentative	, or Leadership PAC Sponse
4.			J		
	The state of the state of		J	number	C
3. <u> </u>			J	number	C
3.				number	C
			J FEC ID	number	C