	⊠ REPOI	RT OF LOBBYIS	ST EMPLOYE	R		
		overnment Code Se	_	-	1/4	
	or					
	☐ REPOI	RT OF LOBBYIN	IG COALITIO	N		
	(2 Ca	al. Code of Regs. Se	ection 18616.4)			
FORM 635 1993		IT: Lobbying Coa leted Form 635-C		ach a		
	REPORT COVERS PER	IOD FROM 07/01/20	15 THROUGI	H 09/30/2015	FOR OFFICIAL USE ONLY	
	CUMULATIVE PERIOD	BEGINNING	01/01/2015		Α	
	to be provided to you pursuan closure Provisions of the Politi			e I <u>nformation</u>	В	
NAME OF FILER:						
VALERO SERVICES					,	
BUSINESS ADDRESS: (No	umber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:	
24871 1 50101 4TI	VE OR OTATE A OFNOY A	SACRAMI		95814	O THE DEDICE	
See instructions on reve	VE OR STATE AGENCY A erse.)	IDMINISTRATIVE AC	TIONS ACTIVELY	TORRIED DOKIN	G THE PERIOD	
If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD						
A Total Payments to	o In-House Employee Lobbyist				0.00	
•	o Lobbying Firms (Part III, Sec	•	•			
C. Total Activity Exp	enses (Part III, Section C)			\$		
D. Total Other Paym	nents to Influence (Part III, Sec	tion D)		\$	534587.00	
GRAND T	TOTAL (A + B + C + D abo	ve)		\$	582587.00	
E. Total Payments in	n Connection with PUC Activitie	es (Part III, Section E)		\$	0.00	
F. Campaign Contrib	outions: X Part IV comple	eted and attached	No cam	paign contributions m	ade this period	
		VERIFIC	CATION			
tion contained	Il reasonable diligence in pre d herein and in the attached of r penalty of perjury under the	paring this Report. I leschedules is true and c	have reviewed the Foomplete.	-	st of my knowledge the informa	ı -
Executed on (Date) 10/31/2015	S	At (City and State) SAN RAFAEL,CA		By (Signature of Em JASON D KAU	ployer or Responsible Officer) NE	
Name of Employer or Respo JASON D KAUNE	onsible Officer (Type or Print)			Title ATTORNEY & A	AGENT FOR FILER	

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PERIOD COVERED: 07/01/2015	09/30/	<u>/2015</u>		2 / 4		
NAME OF FILER: <u>VALERO SERVICES.INC.</u>						
PART II - PARTNERS, OWNERS, AND EMP REPORT (See instructions on reverse	PLOYEES WHOS	E "LOBBYIST RI	EPORTS" (FORM 615) AR	E ATTACHED T	O THIS	
Name and Title		Name and	d Title			
If more space is needed, check box and attach contin	nuation sheets.					
PART III - PAYMENTS MADE IN CONNECT	TON WITH LOBB	YING ACTIVITIE	S			
A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)			(1) Amount This Period	Cumula	(2) Cumulative Total To Date	
(column) on line A or the cuminary or Fayments	s section on page 1.)		\$ 0.00	\$	0.00	
B. PAYMENTS TO LOBBYING FIRMS (I	ncluding Individual (Contract Lobbyists)				
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date	
CARPENTER HAWKINS SIEVERS LLC	48000.00	0.00	0.00	48000.00	96000.00	
SACRAMENTO CA 95814						
		THO DETICE		<u> </u>	<u> </u>	
If more space is needed, check box and attach continuation sheets	Also ent	THIS PERIOD (ter the total of Colun ry of Payments sect	nn 4 on Line B of the	\$ 48000).00	

PERIOD COVERED: 07/01/2015 09/30/2015

NAME OF FILER: VALERO SERVICES,INC.

C. ACTIVITY EXPENSES (See instructions on reverse.)							
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity		
			\$		\$		
If more space is needed, check box and attach continuation sheets. TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.							
D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead. 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.) \$ 0.00							
2. OTHER PAYMENTS TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.					\$ 534587.00		
E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)							

PERIOD COV	ERED: <u>07/01/2015</u> 09/30/2015				
NAME OF FIL	ER: VALERO SERVICES,INC.				
PART IV CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of <u>state</u> candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)					
in a iden	e contributions made by you during the period covered by this report, campaign disclosure statement which is on file with the Secretary of Stification number, if any, below.	State, report the name of the	committee and its		
Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: Recipient Committee:			1000101		
VALERO	DENERGY CORPORATION PAC (FED PAC ID # C00109546)				
	ributions of \$100 or more which have not been reported on a campa e by an organization's sponsored committee, must be itemized below		luding contributions		
Date	Name of Recipient	I.D. Number if Committee	Amount		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
If more space is needed, check box and attach continuation sheets.					