	Ŭ REP(ORT OF LOBBYIST E	EMPLOYE	R	
	(Government Code Sectio	n 86116)		1/5
or					
		ORT OF LOBBYING (Cal. Code of Regs. Section		N	
FORM 635	(2	oui. Gode of Regs. Geolie	ni 10010. 4)		
1993		ANT: Lobbying Coalition pleted Form 635-C to the total control of the to		ach a	
	REPORT COVERS PE	ERIOD FROM 01/01/2024	THROUG	H 03/31/2024	FOR OFFICIAL USE ONLY
	CUMULATIVE PERIO	D BEGINNING	01/01/2023		A
	o be provided to you pursu losure Provisions of the Po	TYPE OR PRINT IN I ant to the Information Practices litical Reform Act.		e I <u>nformation</u>	В
NAME OF FILER:					•
CLOROX COMPANY,	ГНЕ				
BUSINESS ADDRESS: (Nur	nber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
		OAKLAND	CA	94612	
PART I - LEGISLATIV (See instructions on rever		ADMINISTRATIVE ACTION	NS ACTIVELY	LOBBIED DURIN	G THE PERIOD
If more space is need	ed, check box and attach conti	SUMMARY OF PAYME	NTS THIS P	ERIOD	
A. Total Payments to	In-House Employee Lobby	rists (Part III, Section A, Column	1)	\$	0.00
B. Total Payments to	Lobbying Firms (Part III, S	ection B, Column 4)		\$	7500.00
C. Total Activity Expe	nses (Part III, Section C)			\$	0.00
D. Total Other Payme	ents to Influence (Part III, S	ection D)		\$	0.00
GRAND TO	OTAL (A + B + C + D at	pove)		\$	7500.00
E. Total Payments in	Connection with PUC Activ	vities (Part III, Section E)		\$	0.00
F. Campaign Contribu	itions: Part IV com	pleted and attached	X No cam	npaign contributions m	ade this period
		VERIFICATI	ION		
tion contained	herein and in the attache	oreparing this Report. I have d schedules is true and comp the laws of the State of Califor	lete.	-	st of my knowledge the informa- orrect.
Executed on (Date) 04/24/2024		At (City and State) OAKLAND,CA		By (Signature of Em JACKIE RAY	ployer or Responsible Officer)
Name of Employer or Respon JACKIE RAY	sible Officer (Type or Print)	<u> </u>		Title DIRECTOR; GO	OVERNMENT AFFAIRS

2/5 PERIOD COVERED: 01/01/2024 03/31/2024 NAME OF FILER: CLOROX COMPANY, THE PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS **REPORT** (See instructions on reverse.) Name and Title Name and Title If more space is needed, check box and attach continuation sheets. PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES (1) (2)A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS Amount This **Cumulative Total** (See instructions on reverse. Also enter the Amount This Period Period To Date (Column 1) on Line A of the Summary of Payments section on page 1.) \$ \$ 0.00 0.00 B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists) (4) (5) (1) (2) (3)Advances or Name and Address of Lobbying Firm/Independent Contractor Reimbursements of Expenses Fees & Retainers Cumulative Total Other Payments This Period Total to Date (attach explanation) MADDEN QUINONEZ ADVOCACY 0.00 7200.00 300.00 7500.00 51600.00 SACRAMENTO CA 95814

If more space is needed, check box and attach continuation sheets

TOTAL THIS PERIOD (Column 4) Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 7500.00

PERIOD COVERED:	01/01/2024	03/31/2024	

C. ACTIVITY EXPENSES (See instructions on reverse.)						
Date	Name and Address of Payee	Name and Official Positio of Reportable Persons an Amount Benefiting Each	nd	Description of Consideration	Tota Amor of Acti	unt
			\$		\$	
	ore space is needed, check box and attach tinuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$	0.00
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.				\$	0.00	
BEF	MENTS IN CONNECTION WITH ADMI ORE THE CALIFORNIA PUBLIC UTIL nary of Payments section on page 1. (See instruction	ITIES COMMISSION Also, enter the			\$	0.00

PERIOD COV	ERED: <u>01/01/2024</u> 03/31/2024		
NAME OF FIL	ER: CLOROX COMPANY,THE		
made to or on	CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary behalf of <u>state</u> candidates, elected state officers and any of their controlled comm officers must be reported in A or B below.)	. •	
in a	e contributions made by you during the period covered by this report, or becampaign disclosure statement which is on file with the Secretary of State diffication number, if any, below.		
	Major Donor or Recipient Committee Which d A Campaign Disclosure Statement:	Identification Numb Recipient Committe	
THE CL	OROX COMPANY		
	ributions of \$100 or more which have not been reported on a campaign of the by an organization's sponsored committee, must be itemized below.	disclosure statement, inc	luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If mor	e space is needed, check box and attach continuation sheets.		

TEXT ANNOTATION

PAGE 1

Schedule F635 Reference No: 1

DEPARTMENT OF PESTICIDE REGULATION: REGULATION OF DISINFECTANTS; MILL ASSESSMENT. CAL RECYCLE: STATEWI - DE COMMISSION ON RECYCLING: PACKAGING EXTENDED PRODUCER RESPONSIBILITY SB 54 IMPLEMENTATION. CARB: VOC REGULATIONS FOR CONSUMER PRODUCTS. DTSC: SAFER CONSUMER PRODUCTS REGULATION. OEHHA: PROPOSITION 65,B - IOMONITORING. AB 82,AB 1776,AB 1812,AB 1851,AB 2113,AB 2133,AB 2201,AB 2214,AB 2236,AB 2316,AB 2491,AB 2648,AB 2671 - ,AB 2686,AB 2699,AB 2751,AB 2761,AB 3004,AB 3192,AB 3242,ACA 16,AJR 10,SB 707,SB 903,SB 917,SB 922,SB 988,SB 1036,SB 10 - 53,SB 1065,SB 1143,SB 1147,SB 1178,SB 1231,SB 1308,SB 1413.

	☑ REPORT O	F LOBBYIST I	EMPLOYE	R		
	(Govern	ment Code Section	on 86116)		1/5	
		or			1	
	☐ REPORT O	F LOBBYING	COALITIO	N		
	(2 Cal. Cod	de of Regs. Section	on 18616.4)			
FORM 635	IMPORTANT: L	obbying Coalitic	ns must atta	ach a		
1993		Form 635-C to		aon a		
	,		•			
	REPORT COVERS PERIOD FI	ROM 04/01/2024	THROUG	H 06/30/2024	FOR OFFICIAL U	SE ONLY
	CUMULATIVE PERIOD BEGIN	INING	01/01/2023		A	
	Т	YPE OR PRINT IN	INK			
	to be provided to you pursuant to the closure Provisions of the Political Refe		Act of 1977, see	Information	В	
NAME OF FILER:						
CLOROX COMPANY	,THE					
BUSINESS ADDRESS: (Nu	umber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:	
		OAKLAND	CA	94612		
PART I - LEGISLATIV (See instructions on rever	VE OR STATE AGENCY ADMIN	ISTRATIVE ACTIO	NS ACTIVELY	LOBBIED DURIN	IG THE PERIOD	
If more space is nee	ded, check box and attach continuation she	IARY OF PAYME	NTS THIS P	ERIOD		
A. Total Payments to	o In-House Employee Lobbyists (Part	III, Section A, Column	1)		0.0	<u>10</u>
B. Total Payments to	Lobbying Firms (Part III, Section B, C	Column 4)			\$18452.1	<u>1</u>
C. Total Activity Exp	enses (Part III, Section C)				0.0	<u>00</u>
D. Total Other Paym	nents to Influence (Part III, Section D)				0.0	<u>10</u>
GRAND	TOTAL (A + B + C + D above)				\$ 18452.1	<u>1</u>
E. Total Payments in	n Connection with PUC Activities (Part	III, Section E)			\$0.0	<u> </u>
F. Campaign Contrib	outions: Part IV completed an	d attached	X No cam	paign contributions r	nade this period	
		VERIFICAT				
tion contained	I reasonable diligence in preparing d herein and in the attached schedu penalty of perjury under the laws o	les is true and comp	olete.			Informa-
	At (City:	and State)		By (Signature of Er	nployer or Responsible Offic	er)
Executed on (Date) 07/15/2024	OAKLÁ	ND,CA		JÁCKIE RAY	·	
Name of Employer or Respo	onsible Officer (Type or Print)			Title		
JACKIE RAY	VII - 17				OVERNMENT AFFAIR	≀S

2/5

PERIOD COVERED: 04/01/2024 NAME OF FILER: CLOROX COMPANY,THE	06/30/	2024		210	
NAME OF FILER: CLOROX COMPANY, THE					
PART II - PARTNERS, OWNERS, AND EMPLO REPORT (See instructions on reverse.)	OYEES WHOSI	E "LOBBYIST RI	EPORTS" (FORM 615) ARE	E ATTACHED TO) THIS
Name and Title		Name and	d Title		
If more space is needed, check box and attach continual	ion sheets.				
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s		
A. PAYMENTS TO IN-HOUSE EMPLOYEE (See instructions on reverse. Also enter the Amount T (Column 1) on Line A of the Summary of Payments se	his Period		(1) Amount This Period	Cumula	2) tive Total Date
(Column 1) on Line A of the Summary of Fayments se	cuon on page 1.)		\$ 0.00	\$	0.00
B. PAYMENTS TO LOBBYING FIRMS (Incl	uding Individual C	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
MADDEN QUINONEZ ADVOCACY	18000.00	451.22	0.00	18452.11	70051.22
SACRAMENTO CA 95814					
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD (er the total of Colun y of Payments sect	nn 4 on Line B of the	\$ 18452.	11

PERIOD COVERED: 04/01/2024 06/30/2024

C. ACTIVITY EXPENSES (See instructions on reverse.)						
Date	Name and Address of Payee	Name and Official Positio of Reportable Persons an Amount Benefiting Each	nd	Description of Consideration	Tota Amor of Acti	unt
			\$		\$	
	ore space is needed, check box and attach tinuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$	0.00
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.				\$	0.00	
BEF	MENTS IN CONNECTION WITH ADMI ORE THE CALIFORNIA PUBLIC UTIL nary of Payments section on page 1. (See instruction	ITIES COMMISSION Also, enter the			\$	0.00

PERIOD COV	ERED: <u>04/01/2024</u> <u>06/30/2024</u>		
NAME OF FIL	ER: CLOROX COMPANY,THE		
made to or on	CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-robehalf of state candidates, elected state officers and any of their controlle officers must be reported in A or B below.)	monetary campaign contributions of ed committees, or committees suppo	
in a iden	e contributions made by you during the period covered by this repo campaign disclosure statement which is on file with the Secretary tification number, if any, below.	of State, report the name of the	committee and its
	Major Donor or Recipient Committee Which d A Campaign Disclosure Statement:	Identification Numb Recipient Committe	
THE CL	OROX COMPANY		
	tributions of \$100 or more which have not been reported on a came by an organization's sponsored committee, must be itemized be		luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If mor	e space is needed, check box and attach continuation sheets.		

TEXT ANNOTATION

PAGE 1

Schedule F635 Reference No: 1

DEPARTMENT OF PESTICIDE REGULATION: REGULATION OF DISINFECTANTS; MILL ASSESSMENT. CAL RECYCLE: STATEWI - DE COMMISSION ON RECYCLING: PACKAGING EXTENDED PRODUCER RESPONSIBILITY SB 54 IMPLEMENTATION. CARB: VOC REGULATIONS FOR CONSUMER PRODUCTS. DTSC: SAFER CONSUMER PRODUCTS REGULATION. OEHHA: PROPOSITION 65,B - IOMONITORING. AB 82,AB 1776,AB 1812,AB 1851,AB 2113,AB 2133,AB 2201,AB 2214,AB 2236,AB 2316,AB 2491,AB 2648,AB 2671 - ,AB 2686,AB 2699,AB 2751,AB 2761,AB 3004,AB 3192,AB 3242,ACA 16,AJR 10,SB 707,SB 903,SB 917,SB 922,SB 988,SB 1036,SB 10 - 53,SB 1065,SB 1143,SB 1147,SB 1178,SB 1231,SB 1308,SB 1413.

	Ŭ REP(ORT OF LOBBYIST E	EMPLOYE	R	
	(Government Code Sectio	n 86116)		1/5
or					
		ORT OF LOBBYING (Cal. Code of Regs. Section		N	
FORM 635	,	Ŭ	,		
1993 IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.					
	REPORT COVERS PE	RIOD FROM 07/01/2024	THROUG	H_09/30/2024	FOR OFFICIAL USE ONLY
	CUMULATIVE PERIO	D BEGINNING	01/01/2023	<u> </u>	Α
	o be provided to you pursu osure Provisions of the Po	TYPE OR PRINT IN I ant to the Information Practices litical Reform Act.		e Information	В
NAME OF FILER:					
CLOROX COMPANY,	ГНЕ				
BUSINESS ADDRESS: (Nun	nber and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
		OAKLAND	CA	94612	
PART I - LEGISLATIV (See instructions on rever		ADMINISTRATIVE ACTION	NS ACTIVELY	LOBBIED DURIN	G THE PERIOD
		SUMMARY OF PAYME	NTS THIS P	ERIOD	
A. Total Payments to	In-House Employee Lobby	ists (Part III, Section A, Column	1)	\$	0.00
B. Total Payments to	Lobbying Firms (Part III, S	ection B, Column 4)		\$	11400.00
C. Total Activity Expense	nses (Part III, Section C)			\$	0.00
D. Total Other Payme	ents to Influence (Part III, S	ection D)		\$	0.00
GRAND TO	OTAL (A + B + C + D at	oove)		\$	11400.00
E. Total Payments in	Connection with PUC Activ	rities (Part III, Section E)		\$	0.00
F. Campaign Contribu	ıtions: Part IV com	pleted and attached	X No cam	npaign contributions m	ade this period
		VERIFICATI	ON		
tion contained	herein and in the attache	reparing this Report. I have d schedules is true and comp he laws of the State of Califor	lete.	-	st of my knowledge the informa- orrect.
Executed on (Date) 10/09/2024		At (City and State) OAKLAND,CA		By (Signature of Em JACKIE RAY	ployer or Responsible Officer)
Name of Employer or Respon JACKIE RAY	sible Officer (Type or Print)			Title DIRECTOR; GO	OVERNMENT AFFAIRS

2/5

PERIOD COVERED: 07/01/2024	09/30/	2024		_, -,	
NAME OF FILER: <u>CLOROX COMPANY,THE</u>					
PART II - PARTNERS, OWNERS, AND EMPLO	OYEES WHOSI	E "LOBBYIST R	EPORTS" (FORM 615) ARE	E ATTACHED TO	THIS
Name and Title		Name and	d Title		
					_
If more space is needed, check box and attach continuat	tion sheets.				
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s		
A. PAYMENTS TO IN-HOUSE EMPLOYEE (See instructions on reverse. Also enter the Amount T (Column 1) on Line A of the Summary of Payments se	his Period		(1) Amount This Period	Cumula	(2) tive Total Date
(coldina i) an Emerica die Calinia, an aymonic co	outen en page 1.,		\$ 0.00	\$	0.00
B. PAYMENTS TO LOBBYING FIRMS (Incl	uding Individual C	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
MADDEN QUINONEZ ADVOCACY	10800.00	600.00	0.00	11400.00	81451.22
SACRAMENTO CA 95814					
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD (er the total of Colur y of Payments sect	nn 4 on Line B of the	\$ 11400.	.00

PERIOD COVERED: 07/01/2024 09/30/2024

C. ACTIVITY EXPENSES (See instructions on reverse.)						
Date	Name and Address of Payee	Name and Official Positio of Reportable Persons an Amount Benefiting Each	nd	Description of Consideration	Tota Amor of Acti	unt
			\$		\$	
	ore space is needed, check box and attach tinuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$	0.00
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.				\$	0.00	
BEF	MENTS IN CONNECTION WITH ADMI ORE THE CALIFORNIA PUBLIC UTIL nary of Payments section on page 1. (See instruction	ITIES COMMISSION Also, enter the			\$	0.00

PERIOD COV	ERED: <u>07/01/2024</u> 09/30/2024		
NAME OF FIL	ER: CLOROX COMPANY,THE		
made to or on	CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-mobehalf of <u>state</u> candidates, elected state officers and any of their controlled officers must be reported in A or B below.)	onetary campaign contributions of committees, or committees suppo	
in a iden	e contributions made by you during the period covered by this reporcampaign disclosure statement which is on file with the Secretary of tification number, if any, below.		
	Major Donor or Recipient Committee Which d A Campaign Disclosure Statement:	Identification Numb Recipient Committe	
THE CL	OROX COMPANY		
	tributions of \$100 or more which have not been reported on a camp e by an organization's sponsored committee, must be itemized belo		luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If mor	e space is needed, check box and attach continuation sheets.		

TEXT ANNOTATION

PAGE 1

Schedule F635 Reference No: 1

DEPARTMENT OF PESTICIDE REGULATION: REGULATION OF DISINFECTANTS; MILL ASSESSMENT. CAL RECYCLE: PACKAGI - NG.EXTENDED PRODUCER RESPONSIBILITY SB 54 IMPLEMENTATION. CARB: VOC REGULATIONS FOR CONSUMER PRODUCT - S. DTSC: SAFER CONSUMER PRODUCTS REGULATION. OEHHA: PROPOSITION 65,BIOMONITORING. GOVERNOR S OFFICE: B - UDGET. AB 82,AB 347,AB 660,AB 1042,AB 1851,AB 2113,AB 2214,AB 2236,AB 2316,AB 2761,AB 3004,ACA 16,AJR 10,SB 219,SB 707 - ,SB 922,SB 1053,SB 1143,SB 1147,SB 1178,SB 1231.

		ST EMPLOYER		
	(Government Code Se	ection 86116)	1/4	
	or		1	
FORM 635				
1993	IMPORTANT: Lobbying Coalitions must attach a			
	completed Fermi dee d	to and respond		
	REPORT COVERS PERIOD FROM 10/01/20	THROUGH 12/31/2024	FOR OFFICIAL USE ONLY	
	CUMULATIVE PERIOD BEGINNING	01/01/2023	_ A	
	TYPE OR PRINT	IN INK		
•	to be provided to you pursuant to the Information Pract sclosure Provisions of the Political Reform Act.		В	
NAME OF FILER:	iciosure i rovisions of the i ontical recommend.			
	/ TUE			
BUSINESS ADDRESS: (N		(State) (Zip Code)	TELEPHONE NUMBER:	
·	OAKLAND	CA 94612		
PART I - LEGISLATI	IVE OR STATE AGENCY ADMINISTRATIVE AC		 RING THE PERIOD	
(See instructions on reve	erse.)			
If more space is nee	eded, check box and attach continuation sheets. SUMMARY OF PAY			
		MENTS THIS PERIOD		
A. Total Payments to		MENTS THIS PERIOD		
 B. Total Payments to 	o In-House Employee Lobbyists (Part III, Section A, Col		\$0.00	
•	to In-House Employee Lobbyists (Part III, Section A, Col to Lobbying Firms (Part III, Section B, Column 4)	umn 1)	. \$ 11100.00	
, ,	to In-House Employee Lobbyists (Part III, Section A, Col to Lobbying Firms (Part III, Section B, Column 4)	umn 1)	. \$ <u>11100.00</u> . \$ <u>0.00</u>	
, ,	to In-House Employee Lobbyists (Part III, Section A, Col to Lobbying Firms (Part III, Section B, Column 4)	umn 1)	. \$ <u>11100.00</u> . \$ <u>0.00</u>	
D. Total Other Paym	to In-House Employee Lobbyists (Part III, Section A, Col to Lobbying Firms (Part III, Section B, Column 4)	umn 1)	. \$ 11100.00 . \$ 0.00 . \$ 0.00	
D. Total Other Paym	to In-House Employee Lobbyists (Part III, Section A, Col to Lobbying Firms (Part III, Section B, Column 4) Denses (Part III, Section C)	umn 1)	11100.00 1 \$ 0.00 2 \$ 0.00 3 \$ 11100.00	
D. Total Other Paym	to In-House Employee Lobbyists (Part III, Section A, Coloro Lobbying Firms (Part III, Section B, Column 4)	umn 1)	. \$ 11100.00 . \$ 0.00 . \$ 0.00 \$ 11100.00 \$ 0.00	
D. Total Other Paym GRAND E. Total Payments in	to In-House Employee Lobbyists (Part III, Section A, Coloro Lobbying Firms (Part III, Section B, Column 4)	umn 1)	. \$ 11100.00 . \$ 0.00 . \$ 0.00 \$ 11100.00 \$ 0.00	
D. Total Other Paym GRAND E. Total Payments in	to In-House Employee Lobbyists (Part III, Section A, Coloro Lobbying Firms (Part III, Section B, Column 4)	wmn 1)	. \$ 11100.00 . \$ 0.00 . \$ 0.00 \$ 11100.00 \$ 0.00	
D. Total Other Paym GRAND E. Total Payments in F. Campaign Contril I have used a tion contained	to In-House Employee Lobbyists (Part III, Section A, Collino Lobbying Firms (Part III, Section B, Column 4)	X No campaign contribution CATION nave reviewed the Report and to the omplete.	\$ 11100.00 \$ 0.00 \$ 0.00 \$ 11100.00 \$ 11100.00 \$ 0.00 s made this period best of my knowledge the informa-	
D. Total Other Paym GRAND E. Total Payments in F. Campaign Contril I have used a tion contained I certify under	to In-House Employee Lobbyists (Part III, Section A, Collino Lobbying Firms (Part III, Section B, Column 4)	X No campaign contribution CATION nave reviewed the Report and to the omplete. Ilifornia that the foregoing is true an	11100.00 1 \$ 0.00 2 \$ 0.00 3 11100.00 4 11100.00 3 11100.00 4 0.00 4 11100.00 4 11100.00 5 11100.00 6 11100.00	
D. Total Other Paym GRAND E. Total Payments in F. Campaign Contril I have used a tion contained	to In-House Employee Lobbyists (Part III, Section A, Collino Lobbying Firms (Part III, Section B, Column 4)	X No campaign contribution CATION nave reviewed the Report and to the omplete. Ilifornia that the foregoing is true an	11100.00 1 \$ 0.00 2 \$ 0.00 3 \$ 0.00 4 \$ 11100.00 4 \$ 0.00 4 \$ 0.00 4 \$ 0.00 4 best of my knowledge the information correct. 6 Employer or Responsible Officer)	
D. Total Other Paym GRAND E. Total Payments in F. Campaign Contril I have used a tion contained I certify under	to In-House Employee Lobbyists (Part III, Section A, Colino Lobbying Firms (Part III, Section B, Column 4)	X No campaign contribution CATION nave reviewed the Report and to the omplete. Alifornia that the foregoing is true an By (Signature o	11100.00 1 \$ 0.00 2 \$ 0.00 3 \$ 0.00 4 \$ 11100.00 4 \$ 0.00 4 \$ 0.00 4 \$ 0.00 4 best of my knowledge the information correct. 6 Employer or Responsible Officer)	

2/4

PERIOD COVERED: 10/01/2024	12/31	/2024		2/4		
NAME OF FILER: <u>CLOROX COMPANY,THE</u>						
PART II - PARTNERS, OWNERS, AND EMP REPORT (See instructions on reverse		E "LOBBYIST RI	EPORTS" (FORM 615) AR	E ATTACHED T	O THIS	
Name and Title		Name and	I Title			
If more space is needed, check box and attach contin	uation sheets.					
PART III - PAYMENTS MADE IN CONNECT	ION WITH LOBE	SYING ACTIVITIE	s			
A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period					(2) ulative Total To Date	
(Column 1) on Line A of the Summary of Payments	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	
MADDEN QUINONEZ ADVOCACY	10800.00	300.00	0.00	11100.00	92551.22	
SACRAMENTO CA 95814				 	_	
1						
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	\$ 11100	.00	

PERIOD COVERED: 10/01/2024 12/31/2024

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.				\$ 0.00	
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. C	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.	\$ 0.00
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.)				\$ 0.00	

PERIOD COV	ERED: <u>10/01/2024</u> 12/31/2024	_		
NAME OF FILER: CLOROX COMPANY,THE				
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 campaign disclosure statement which is on file with the Secretification number, if any, below.			
	Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: Recipient Committee:			
THE CL	OROX COMPANY			
B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.				
Date	Name of Recipient	I.D. Number if Committee	Amount	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
If more space is needed, check box and attach continuation sheets.				