

REPORT OF LOBBYIST EMPLOYER

(Government Code Section 86116)

1/5

or

REPORT OF LOBBYING COALITION

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 01/01/2025 THROUGH 03/31/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

FOR OFFICIAL USE ONLY

A

B

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

CLOROX COMPANY, THE

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

OAKLAND

CA

94612

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SEE ATTACHMENT 1.

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

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>12300.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) \$ 12300.00

E. Total Payments in Connection with PUC Activities (Part III, Section E) \$ 0.00

F. Campaign Contributions: Part IV completed and attached No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
04/14/2025

At (City and State)
OAKLAND, CA

By (Signature of Employer or Responsible Officer)
JACKIE RAY

Name of Employer or Responsible Officer (Type or Print)
JACKIE RAY

Title
DIRECTOR; GOVERNMENT AFFAIRS

PERIOD COVERED: 01/01/2025 03/31/2025

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

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	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including 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 SACRAMENTO CA 95814	11700.00	600.00	0.00	12300.00	12300.00

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.

\$ 12300.00

PERIOD COVERED: 01/01/2025 03/31/2025

NAME OF FILER: CLOROX COMPANY,THE

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
		\$		\$
<input type="checkbox"/> 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				
<input type="checkbox"/> 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			\$ 0.00	
			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 COVERED: 01/01/2025 03/31/2025

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 state 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.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: _____ Identification Number if Recipient Committee: _____

THE CLOROX 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.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No: 1

DEPARTMENT OF PESTICIDE REGULATION: REGULATION OF DISINFECTANTS; MILL ASSESSMENT. CAL RECYCLE: PACKAGING, EXTENDED PRODUCER RESPONSIBILITY SB 54 IMPLEMENTATION. CARB: VOC REGULATIONS FOR CONSUMER PRODUCTS. DTSC: SAFER CONSUMER PRODUCTS REGULATION. OEHHA: PROPOSITION 65, BIOMONITORING. GOVERNOR'S OFFICE: BUDGET. AB 473, AB 728, AB 823, AB 872, AB 916, AB 973, AB 1148, AB 1264, SB 51, SB 501, SB 682, SB 730, SCR 7.

REPORT OF LOBBYIST EMPLOYER

(Government Code Section 86116)

1/5

or

REPORT OF LOBBYING COALITION

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 04/01/2025 THROUGH 06/30/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

FOR OFFICIAL USE ONLY

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For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

CLOROX COMPANY, THE

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

OAKLAND

CA

94612

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SEE ATTACHMENT 1.

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

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>12150.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) \$ 12150.00

E. Total Payments in Connection with PUC Activities (Part III, Section E) \$ 0.00

F. Campaign Contributions: Part IV completed and attached No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
07/17/2025

At (City and State)
OAKLAND, CA

By (Signature of Employer or Responsible Officer)
JACKIE RAY

Name of Employer or Responsible Officer (Type or Print)
JACKIE RAY

Title
DIRECTOR; GOVERNMENT AFFAIRS

PERIOD COVERED: 04/01/2025 06/30/2025

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

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	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including 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 SACRAMENTO CA 95814	12150.00	0.00	0.00	12150.00	24450.00

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.

\$ 12150.00

PERIOD COVERED: 04/01/2025 06/30/2025

NAME OF FILER: CLOROX COMPANY,THE

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
			\$	\$
<input type="checkbox"/> 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				
<input type="checkbox"/> 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			\$ 0.00	
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 COVERED: 04/01/2025 06/30/2025

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 state 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.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: _____ Identification Number if Recipient Committee: _____

THE CLOROX 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.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No: 1

DEPARTMENT OF PESTICIDE REGULATION: REGULATION OF DISINFECTANTS; MILL ASSESSMENT; REGISTRATION TIMELINES.
CAL RECYCLE: PACKAGING EXTENDED PRODUCER RESPONSIBILITY, SB 54 IMPLEMENTATION. CARB: VOC REGULATIONS -
FOR CONSUMER PRODUCTS. DTSC: SAFER CONSUMER PRODUCTS REGULATION. OEHHA: PROPOSITION 65, BIOMONITORI -
NG. GOVERNOR'S OFFICE: BUDGET. AB 728, AB 823, AB 916, AB 973, AB 1148, AB 1264, SB 51, SB 501, SB 682, SB 730, SCR 7.

REPORT OF LOBBYIST EMPLOYER

(Government Code Section 86116)

1/5

or

REPORT OF LOBBYING COALITION

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 07/01/2025 THROUGH 09/30/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

FOR OFFICIAL USE ONLY

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B

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

CLOROX COMPANY, THE

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

OAKLAND

CA

94612

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SEE ATTACHMENT 1.

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

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>12450.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) \$ 12450.00

E. Total Payments in Connection with PUC Activities (Part III, Section E) \$ 0.00

F. Campaign Contributions: Part IV completed and attached No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
10/09/2025

At (City and State)
OAKLAND, CA

By (Signature of Employer or Responsible Officer)
JACKIE RAY

Name of Employer or Responsible Officer (Type or Print)
JACKIE RAY

Title
DIRECTOR; GOVERNMENT AFFAIRS

PERIOD COVERED: 07/01/2025 09/30/2025

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

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	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including 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 SACRAMENTO CA 95814	12150.00	300.00	0.00	12450.00	36900.00

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.

\$ 12450.00

PERIOD COVERED: 07/01/2025 09/30/2025

NAME OF FILER: CLOROX COMPANY,THE

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
			\$	\$
<input type="checkbox"/> 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				
<input type="checkbox"/> 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			\$ 0.00	
			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 COVERED: 07/01/2025 09/30/2025

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 state 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.)

A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: _____ Identification Number if Recipient Committee: _____

THE CLOROX 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.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No: 1

DEPARTMENT OF PESTICIDE REGULATION: REGULATION OF DISINFECTANTS; MILL ASSESSMENT; REGISTRATION TIMELINES.
CAL RECYCLE: PACKAGING EXTENDED PRODUCER RESPONSIBILITY, SB 54 IMPLEMENTATION. CARB: VOC REGULATIONS -
FOR CONSUMER PRODUCTS. DTSC: SAFER CONSUMER PRODUCTS REGULATION. OEHHA: PROPOSITION 65, BIOMONITORI -
NG. GOVERNOR'S OFFICE: BUDGET. AB 823, AB 1264, SB 501, SB 682.

REPORT OF LOBBYIST EMPLOYER

(Government Code Section 86116)

1/5

or

REPORT OF LOBBYING COALITION

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 10/01/2025 THROUGH 12/31/2025

CUMULATIVE PERIOD BEGINNING 01/01/2025

FOR OFFICIAL USE ONLY

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TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

CLOROX COMPANY, THE

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

OAKLAND

CA

94612

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SEE ATTACHMENT 1.

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

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>12450.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above) \$ 12450.00

E. Total Payments in Connection with PUC Activities (Part III, Section E) \$ 0.00

F. Campaign Contributions: Part IV completed and attached No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
01/23/2026

At (City and State)
OAKLAND, CA

By (Signature of Employer or Responsible Officer)
JACKIE RAY

Name of Employer or Responsible Officer (Type or Print)
JACKIE RAY

Title
DIRECTOR; GOVERNMENT AFFAIRS

PERIOD COVERED: 10/01/2025 12/31/2025

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

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	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including 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 SACRAMENTO CA 95814	12150.00	300.00	0.00	12450.00	49350.00

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.

\$ 12450.00

PERIOD COVERED: 10/01/2025 12/31/2025

NAME OF FILER: CLOROX COMPANY,THE

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
			\$	\$
<input type="checkbox"/> 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				
<input type="checkbox"/> 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			\$ 0.00	
			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 COVERED: 10/01/2025 12/31/2025

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 state 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.)

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Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: _____ Identification Number if Recipient Committee: _____

THE CLOROX 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.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No: 1

DEPARTMENT OF PESTICIDE REGULATION: REGULATION OF DISINFECTANTS; MILL ASSESSMENT; REGISTRATION TIMELINES.
CAL RECYCLE: PACKAGING EXTENDED PRODUCER RESPONSIBILITY, SB 54 IMPLEMENTATION. CARB: VOC REGULATIONS -
FOR CONSUMER PRODUCTS. DTSC: SAFER CONSUMER PRODUCTS REGULATION. OEHHA: PROPOSITION 65, BIOMONITORING.
GOVERNOR'S OFFICE: BUDGET, AB 1264, SB 501, SB 682.