

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | | |
|---|--|---|---|
| 1. Agency Name California Natural Resources Agency Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams Street Address 2200 X Street, Suite 200, Sacramento, CA 95818 Area Code/Phone Number Email 916-227-9800 michael.waggoner@water.ca.gov Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch | | Date Stamp 17 JAN 13 AM 9:51 | California Form 801 For Official Use Only |
| | | <input type="checkbox"/> Amendment (explain in comment section) | Date of Original Filing: <u>1-13-17</u> (month, day, year) |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A
 Other Pacific Gas and Electric Company Name

33755 Old Mill Road Address Auberry City CA State 93602 Zip Code

Hydroelectric Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Fresno County Location of Travel 11/15/16 Dates (month, day, year)

Pacific Gas and Electric Company Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| \$ <u>0.00</u> Lodging Expenses | \$ <u>0.00</u> Meal Expenses | \$ <u>100.00</u> Transportation Expenses | \$ <u>0.00</u> Other Expenses | \$ <u>100.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The dam needed to be accessed for a construction inspection. Normal access is by boat, but this was not possible since the reservoir was drawn down for construction work. Helicopter travel (approx. 10 minutes each way) was the only way to access the dam.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|--------------------------|---|-------------------------------------|
| <u>Mangney</u> Last Name | <u>Andrew</u> First Name | <u>Sup. Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| <u>Mangney</u> Last Name | <u>Andrew</u> First Name | <u>Sup. Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature Michael Waggoner Print Name Field Branch Chief Title 1/11/17 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

| | | | |
|---|--|--|---|
| 1. Agency Name CA Department of Water Resources Division, Department, or Region (if applicable) Division of Statewide Integrated Water Management Street Address 901 P Street, Room 202, Sacramento, CA 95814 Area Code/Phone Number 916-653-3937 Email kamyar.guivetchi@water.ca.gov Agency Contact (name and title) Kamyar Guivetchi, CEA, Division Manager | | Date Stamp DEC 23 11:17 AM '16 | California Form 801 For Official Use Only |
| | | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 12/22/16 (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Shinshu University, Nagano, Japan

Last Name _____ First Name _____ Name _____
 4-17-1 Wakasato _____ Nagano _____ Japan _____
 Address _____ City _____ State _____ Zip Code _____
 Academia -- institute of higher education

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| Name | Amount | Name | Amount |

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Tokyo & Nagano, Japan 11 / 12 - 19 / 2016
 Location of Travel _____ Dates (month, day, year) _____

JAL & Shinkansen Rail Air Bus Auto Other Lohas, Chisun, Kiriya, Dormy
 Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

| | | | | |
|------------------|------------------|-------------------------|----------------|--------------------|
| \$ <u>625.00</u> | \$ <u>200.00</u> | \$ <u>2,130.00</u> | \$ _____ | \$ <u>2,955.00</u> |
| Lodging Expenses | Meal Expenses | Transportation Expenses | Other Expenses | Total Expenses |

3.1 (b) Payment(s) not related to travel: _____ \$ 2,955.00
 Dates (month, day, year) _____ Total Expenses _____

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Invited by Shinshu University to present a California Water Seminar on 11/15/2016, and attend various meetings and field tours with national / regional water officials, and university professors and students between 11/ 14-18 /2016.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|------------------|---------------|------------------------------|---------------------|
| <u>Guivetchi</u> | <u>Kamyar</u> | <u>CEA, Division Manager</u> | <u>DWR / DSIWM</u> |
| Last Name | First Name | Position/Title | Department/Division |
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Position/Title | Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature] Gary Bardini Deputy Director 12.23.16
 Signature _____ Print Name _____ Title _____ (month, day, year) _____

Comment:
 (Use this space or an attachment for any additional information)

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PAYMENT TO AGENCY REPORT

| | | | |
|---|--|---|--|
| 1. Agency Name California Natural Resources Agency | | Date Stamp 2017 FEB -2 10- h | California Form 801 For Official Use Only |
| Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams | | | |
| Street Address 2200 X Street, Suite 200, Sacramento, CA 95818 | | | |
| Area Code/Phone Number 916-227-9800 | Email michael.waggoner@water.ca.gov | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch | | Date of Original Filing: 2-2-17 (month, day, year) | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 San Francisco CA 94177
Address City State Zip Code

Power Generation
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|------------|----------------|------------|----------------|
| <u>N/A</u> | \$ <u>0.00</u> | <u>N/A</u> | \$ <u>0.00</u> |
| Name | Amount | Name | Amount |

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Amador, Alpine, Tuolumne Location of Travel 10/25, 10/31, (2016) Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Leading Facility

\$ 0.00 Lodging Expenses \$ 0.00 Meal Expenses \$ 1,000.00 Transportation Expenses \$ 0.00 Other Expenses \$ 1,000.00 Total Expenses

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|----------------|--------------|------------------------------|---------------------|
| <u>Dhillon</u> | <u>Param</u> | <u>Senior Engineer, W.R.</u> | <u>DWR/DSOD</u> |
| Last Name | First Name | Position/Title | Department/Division |
| <u>Dhillon</u> | <u>Param</u> | <u>Senior Engineer, W.R.</u> | <u>DWR/DSOD</u> |
| Last Name | First Name | Position/Title | Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature Michael Waggoner Print Name Field Branch Chief Title 1/31/17 (month, day, year)

Comment:
(Use this space or an attachment for any additional information)



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PAYMENT TO AGENCY REPORT

| | | | |
|---|--|---|---|
| 1. Agency Name California Natural Resources Agency | | Date Stamp DWR 2016 OCT 19 AM 8:30 | California Form 801 For Official Use Only |
| Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams | | | |
| Street Address 2200 X Street, Suite 200, Sacramento, CA 95818 | | | |
| Area Code/Phone Number 916-227-9800 | Email michael.waggoner@water.ca.gov | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch | | Date of Original Filing: 10-19-16 (month, day, year) | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 San Francisco CA 94177
Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Nevada County Location of Travel 10/11-12/2016 Dates (month, day, year)

PGE Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|-----------------------------------|
| \$ <u>0.00</u> Lodging Expenses | \$ <u>0.00</u> Meal Expenses | \$ <u>1,000.00</u> Transportation Expenses | \$ <u>0.00</u> Other Expenses | \$ <u>1,000.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|-----------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|---------------------------|--------------------------------------|-------------------------------------|
| <u>Jimenez</u> Last Name | <u>Timothy</u> First Name | <u>Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| _____ Last Name | _____ First Name | _____ Position/Title | _____ Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

F 10/18/16
(month, day, year)


Comment:

(Use this space or an attachment for any additional information)

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PAYMENT TO AGENCY REPORT

| | | |
|---|--|---|
| 1. Agency Name California Natural Resources Agency Division, Department, or Region (if applicable) Department of Water Resources- Division of Safety of Dams Street Address 2200 X Street, Suite 200, Sacramento, CA 95818 Area Code/Phone Number Email 916-227-9800 michael.waggoner@water.ca.gov Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch | | Date Stamp  HUMAN RESOURCES OFFICE <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) |
|---|--|---|

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 San Francisco CA 94177
 Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|------------|-------------|------------|-------------|
| <u>N/A</u> | <u>0.00</u> | <u>N/A</u> | <u>0.00</u> |
| Name | Amount | Name | Amount |

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Amador and Alpine Location of Travel 10/11/2017 Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| <u>\$ 0.00</u> Lodging Expenses | <u>\$ 0.00</u> Meal Expenses | <u>\$ 500.00</u> Transportation Expenses | <u>\$ 0.00</u> Other Expenses | <u>\$ 500.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (\$See instructions)

| | | | |
|--------------------------|------------------------|--------------------------------------|-------------------------------------|
| <u>Holland</u> Last Name | <u>Eric</u> First Name | <u>Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| _____ Last Name | _____ First Name | _____ Position/Title | _____ Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/17/17 (month, day, year)


Comment:
 (Use this space or an attachment for any additional information)

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| | | | |
|--|-------------------------------|---|---|
| 1. Agency Name | | Date Stamp |  |
| California Natural Resources Agency | | | |
| Division, Department, or Region (if applicable) | | | |
| Department of Water Resources - Division of Safety of Dams | | | |
| Street Address | | | |
| 2200 X Street, Suite 200, Sacramento, CA 95818 | | | |
| Area Code/Phone Number | Email | <input type="checkbox"/> Amendment (explain in comment section) | |
| 916-227-9800 | michael.waggoner@water.ca.gov | Date of Original Filing: _____ (month, day, year) | |
| Agency Contact (name and title) | | | |
| Michael Waggoner, Chief, Field Engineering Branch | | | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Southern California Edison (SCE) Name

1515 Walnut Grove Address Rosemead City CA State 91770 Zip Code

Power Production

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Inyo County Location of Travel 9/26/17 Dates (month, day, year)

SCE Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| \$ <u>0.00</u> Lodging Expenses | \$ <u>0.00</u> Meal Expenses | \$ <u>600.00</u> Transportation Expenses | \$ <u>0.00</u> Other Expenses | \$ <u>600.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SCE to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|-----------------------|---------------------------|---|-------------------------------------|
| <u>Cruz</u> Last Name | <u>Brandon</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| _____ Last Name | _____ First Name | _____ Position/Title | _____ Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/10/17 (month, day, year)

Comment:
(Use this space or an attachment for any additional information)



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PAYMENT TO AGENCY REPORT

| | | | |
|---|--|---|--|
| 1. Agency Name California Natural Resources Agency | | Date Stamp | |
| Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams | | | |
| Street Address 2200 X Street, Suite 200, Sacramento, CA 95818 | | | |
| Area Code/Phone Number 916-227-9800 | Email michael.waggoner@water.ca.gov | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |
| Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch | | | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A
 Other Nevada Irrigation District (NID) Name

28311 Secret Town Road Address Colfax City CA State 95713 Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Nevada County Location of Travel 9/12/2017 Dates (month, day, year)

NID Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes
 \$ 0.00 Lodging Expenses \$ 0.00 Meal Expenses \$ 1,500.00 Transportation Expenses \$ 0.00 Other Expenses \$ 1,500.00 Total Expenses

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Larger helicopter necessary to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|-----------------------|---------------------------------------|-------------------------------------|
| <u>Jimenez</u> Last Name | <u>Tim</u> First Name | <u>Senior Engineer</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| _____ Last Name | _____ First Name | _____ Position/Title | _____ Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/20/17 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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PAYMENT TO AGENCY REPORT

1. Agency Name
 California Natural Resources Agency
Division, Department, or Region (if applicable)
 Department of Water Resources - Division of Safety of Dams
Street Address
 2200 X Street, Suite 200, Sacramento, CA 95818
Area Code/Phone Number | **Email**
 916-227-9800 | michael.waggoner@water.ca.gov
Agency Contact (name and title)
 Michael Waggoner, Chief, Field Engineering Branch

Date Stamp
RECEIVE
 OCT 02 2017
 HUMAN RESOURCES OFFICE

California Form 801
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Amendment (explain in comment section)
Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 Address San Francisco City CA State 94177 Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Amador and Alpine Location of Travel 09/12/2017 Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| \$ <u>0.00</u> Lodging Expenses | \$ <u>0.00</u> Meal Expenses | \$ <u>500.00</u> Transportation Expenses | \$ <u>0.00</u> Other Expenses | \$ <u>500.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|-------------------------|---|-------------------------------------|
| <u>Dhillon</u> Last Name | <u>Param</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| _____ Last Name | _____ First Name | _____ Position/Title | _____ Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

| | | | |
|-----------------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| <u>Michael Waggoner</u> Signature | <u>Michael Waggoner</u> Print Name | <u>Field Engr. Branch Chief</u> Title | <u>9/27/17</u> (month, day, year) |
|-----------------------------------|------------------------------------|---------------------------------------|-----------------------------------|

Comment:
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| | | |
|---|--|---|
| 1. Agency Name California Natural Resources Agency | | Date Stamp California Form 801 RECEIVED OCT 18 2017 HUMAN RESOURCES OFFICE |
| Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams | | |
| Street Address 2200 X Street, Suite 200, Sacramento, CA 95818 | | |
| Area Code/Phone Number 916-227-9800 | Email michael.waggoner@water.ca.gov | |
| Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch | | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Southern California Edison (SCE) Name

1515 Walnut Grove Address Rosemead City CA State 91770 Zip Code

Power Production

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|--------------------|-----------------|--------------------|
| <u>N/A</u> Name | <u>0.00</u> Amount | <u>N/A</u> Name | <u>0.00</u> Amount |
|-----------------|--------------------|-----------------|--------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Fresno County Location of Travel 9/18/17 Dates (month, day, year)

SCE Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|-----------------------------------|
| <u>\$ 0.00</u> Lodging Expenses | <u>\$ 0.00</u> Meal Expenses | <u>\$ 600.00</u> Transportation Expenses | <u>\$ 0.00</u> Other Expenses | <u>\$ 1,200.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|-----------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SCE to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|---------------------------|---|-------------------------------------|
| <u>Cruz</u> Last Name | <u>Brandon</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| <u>Dhillon</u> Last Name | <u>Param</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/19/17 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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| | | | |
|--|--|---|--|
| 1. Agency Name Department of Water Resources | | Date Stamp | California Form 801 RECEIVED OCT 20 2017 HUMAN RESOURCES OFFICE |
| Division, Department, or Region (if applicable) Statewide Integrated Water Management | | | |
| Street Address 901 P Street, Room 202 | | | |
| Area Code/Phone Number 916 653-3937 | Email kamyar.guivetchi@water.ca.gov | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) Kamyar Guivetchi, Division Chief | | Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ CCEEB Other CA Council for Environmental Eco Balance

Last Name: _____ First Name: _____ Name: _____
Address: 101 Mission Street, Ste. 1440 City: San Francisco State: CA Zip Code: 94105
CCEEB - Summer Issues Seminar-Environmental and Economic Balance

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| Name | Amount | Name | Amount |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Squaw Valley, CA 7/20-21/2017

Location of Travel Dates (month, day, year)

Self Rail Air Bus Auto Other Squaw Creek Resort

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 368.14 \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: \$ _____

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Invited by the CCEEB to speak at the seminar to represent DWR's Environmental and Regulatory Perspectives. One night lodging and meals provided.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|-----------|------------|--------------------|---------------------|
| Guivetchi | Kamyar | Division Chief/CEA | DWR/DSIWM |
| Last Name | First Name | Position/Title | Department/Division |
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Position/Title | Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature:  Eric Koch Deputy Director 10/19/17
Print Name Title (month, day, year)

Comment:
(Use this space or an attachment for any additional information)



Payment to Agency Report

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PAYMENT TO AGENCY REPORT

| | | | |
|---|---------------------------------------|--|---|
| 1. Agency Name California Natural Resources Agency | | RECEIVED DWR PERSONNEL 1018 SEP 27 PH 1-2 | California Form 801 For Official Use Only |
| Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams | | | |
| Street Address 2720 Gateway Oaks Drive, Sacramento CA 95833 | | | |
| Area Code/Phone Number 916-565-7820 | Email melissa.collord@water.ca.gov | | |
| Agency Contact (name and title) Melissa Collord, Central Regional Engineer, Field Engineering Branch | | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>9.27.19</u> (month, day, year) | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 Address San Francisco City CA State 94177 Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Nevada County Location of Travel 07/16/2019 Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes
 \$ 0.00 Lodging Expenses \$ 0.00 Meal Expenses \$ 1,000.00 Transportation Expenses \$ 0.00 Other Expenses \$ 1,000.00 Total Expenses

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|----------------------------|--------------------------------------|-------------------------------------|
| <u>Jimenez</u> Last Name | <u>Victoria</u> First Name | <u>Field Engineer</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| _____ Last Name | _____ First Name | _____ Position/Title | _____ Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Andrew Mano Print Name Field Engineering Branch Chief Title

Comment:

(Use this space or an attachment for any additional information)



Payment to Agency Report

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PAYMENT TO AGENCY REPORT

| | | | |
|--|---------------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 801 For Official Use Only |
| California Natural Resources Agency | | | |
| Division, Department, or Region (if applicable) | | | |
| Department of Water Resources - Division of Safety of Dams | | | |
| Street Address | | | |
| 2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833 | | | |
| Area Code/Phone Number | Email | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>8-2-19</u> (month, day, year) | |
| 916-565-7800 | andy.mangney@water.ca.gov | | |
| Agency Contact (name and title) | | | |
| Andy Mangney, Chief, Field Engineering Branch | | | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 San Francisco CA 94177
 Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|------------|----------------|------------|----------------|
| <u>N/A</u> | <u>\$ 0.00</u> | <u>N/A</u> | <u>\$ 0.00</u> |
| Name | Amount | Name | Amount |

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Amador and Alpine Location of Travel 07/10/2019 Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| <u>\$ 0.00</u> Lodging Expenses | <u>\$ 0.00</u> Meal Expenses | <u>\$ 500.00</u> Transportation Expenses | <u>\$ 0.00</u> Other Expenses | <u>\$ 500.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|-------------------------|---|-------------------------------------|
| <u>Dhillon</u> Last Name | <u>Param</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| | | | |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature] Signature Russ Bowler Print Name Supr. Eng. WR Title 7/23/2019 (month, day, year)

Comment:
 (Use this space or an attachment for any additional information)



Payment to Agency Report

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PAYMENT TO AGENCY REPORT

| | | |
|--|--|---|
| 1. Agency Name California Natural Resources Agency Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams Street Address 2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833 Area Code/Phone Number Email 916-565-7800 andy.mangney@water.ca.gov Agency Contact (name and title) Andy Mangney, Chief, Field Engineering Branch | | Date Stamp California Form 801 For Official Use Only |
| <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>8-2-19</u> (month, day, year) | | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 Address San Francisco City CA State 94177 Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Amador and Alpine Location of Travel 07/11/2019 Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| \$ <u>0.00</u> Lodging Expenses | \$ <u>0.00</u> Meal Expenses | \$ <u>500.00</u> Transportation Expenses | \$ <u>0.00</u> Other Expenses | \$ <u>500.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|-------------------------|---|-------------------------------------|
| <u>Dhillon</u> Last Name | <u>Param</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Position/Title | Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

| | | | |
|------------------------------|--------------------------------|---------------------------|-------------------------------------|
| <u>[Signature]</u> Signature | <u>Russ Bowline</u> Print Name | <u>Snpe Eng. WR</u> Title | <u>8/23/2019</u> (month, day, year) |
|------------------------------|--------------------------------|---------------------------|-------------------------------------|


Comment:
 (Use this space or an attachment for any additional information)



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | | |
|---|------------------------------------|---|---|
| 1. Agency Name California Natural Resources Agency | | Date Stamp |  |
| Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams | | | |
| Street Address 2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833 | | | |
| Area Code/Phone Number 916-565-7800 | Email andy.mangney@water.ca.gov | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>8-2-19</u> (month, day, year) | |
| Agency Contact (name and title) Andy Mangney, Chief, Field Engineering Branch | | | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 San Francisco CA 94177
 Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Amador and Alpine Location of Travel 07/1/2019 Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| \$ <u>0.00</u> Lodging Expenses | \$ <u>0.00</u> Meal Expenses | \$ <u>500.00</u> Transportation Expenses | \$ <u>0.00</u> Other Expenses | \$ <u>500.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

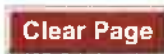
| | | | |
|--------------------------|--------------------------|---|-------------------------------------|
| <u>Dhillon</u> Last Name | <u>Param</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| <u>Mizani</u> Last Name | <u>Jasper</u> First Name | <u>Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature] Signature Andy Mangney Print Name Russ Bonkus Print Name 7/23/2019 (month, day, year)

Comment:
(Use this space or an attachment for any additional information)



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | | |
|--|---------------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 801 For Official Use Only |
| California Natural Resources Agency | | | |
| Division, Department, or Region (if applicable) | | | |
| Department of Water Resources - Division of Safety of Dams | | | |
| Street Address | | | |
| 2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833 | | | |
| Area Code/Phone Number | Email | <input type="checkbox"/> Amendment (explain in comment section) | |
| 916-565-7800 | andy.mangney@water.ca.gov | Date of Original Filing: <u>8.2.19</u> (month, day, year) | |
| Agency Contact (name and title) | | | |
| Andy Mangney, Chief, Field Engineering Branch | | | |

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 San Francisco CA 94177
Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| <u>N/A</u> Name | \$ <u>0.00</u> Amount | <u>N/A</u> Name | \$ <u>0.00</u> Amount |
|-----------------|-----------------------|-----------------|-----------------------|

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Amador and Alpine Location of Travel 07/10/2019 Dates (month, day, year)

PG&E Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

| | | | | |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|
| \$ <u>0.00</u> Lodging Expenses | \$ <u>0.00</u> Meal Expenses | \$ <u>500.00</u> Transportation Expenses | \$ <u>0.00</u> Other Expenses | \$ <u>500.00</u> Total Expenses |
|---------------------------------|------------------------------|--|-------------------------------|---------------------------------|

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

| | | | |
|--------------------------|--------------------------|---|-------------------------------------|
| <u>Dhillon</u> Last Name | <u>Param</u> First Name | <u>Senior Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |
| <u>Mizani</u> Last Name | <u>Jasper</u> First Name | <u>Engineer, W.R.</u> Position/Title | <u>DWR/DSOD</u> Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature] Signature Russ Bowler Print Name Supv Eng WR Title 7/23/2019 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)