

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 California Natural Resources
 Division, Department, or Region (if applicable) Water
 Water Resources - Division of Safety of Dams
 Street Address
 2200 X Street
 Area Code/Phone Number (916) 227-9800 Email david.gutierrez@water.ca.gov
 Agency Contact (name and title) David A. Gutierrez

Date Stamp
 2015 MAR 11 PM 1:26

California Form 801
 For Official Use Only

Amendment (explain in comment section)
 Date of Original Filing: ~~04/24/15~~ 5.14.15
 (month, day, year)

2. Donor Name and Address

Individual Association of State Dam Safety Officials Other

Last Name First Name Name
 239 S. Limestone Lexington KY 40508
 Address City State Zip Code
 Non profit 501 3c non governmental organization for national dam safety
 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 Tennessee March 23 - 27, 2015
 Location of Travel Dates (month, day, year)
Delta/American Airlines Rail Air Bus Auto Other Mariott/Embassy
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ 1,199.00 \$ 279.00 \$ 1,262.00 \$ 2,740.00
 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.
 The payment was for travel expenses only to Tennessee. There were no additional expenses. The purpose was to assist in a peer review of dam safety program to improve national dam safety.

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

<u>Gutierrez</u> Last Name	<u>David</u> First Name	<u>CEA III - Chief DSOD</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] Deputy Director Gary B. Bordini 5/8/2015
 Signature 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 Water Commission		Date Stamp DWR PERSONNEL 2015 MAR 25 PM 2:10	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1416 Ninth Street Sacramento, CA 94814			
Area Code/Phone Number (916) 651-0825	Email Brianna.Shoemaker@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>3-25-15</u> (month, day, year)	
Agency Contact (name and title) Brianna Shoemaker, Associate Governmental Program Analyst			

2. Donor Name and Address

Individual _____ Other Water Education for Latino Leaders

Last Name: _____ First Name: _____ Name: _____
 930 Colorado Boulevard, Building 2 Los Angeles CA 90041
 Address City State Zip Code

Provide education for California's Latino elected officials for baseline knowledge about California's water system.

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 Palm Springs, CA March 5-6, 2015

Location of Travel Dates (month, day, year)

N/A Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
Renaissance Palm Springs Hotel

\$ <u>134.00</u> Lodging Expenses	\$ <u>66.00</u> Meal Expenses	\$ <u>0.00</u> Transportation Expenses	\$ <u>0.00</u> Other Expenses	\$ <u>200.00</u> Total Expenses
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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.

Commission member Joe Del Bosque was a named speaker at the Water Education for Latino Leaders Conference. The host organization paid for Mr. Del Bosque's lodging and meals to attend the conference.

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

<u>Del Bosque</u> Last Name	<u>Joe</u> First Name	<u>Vice Chair</u> Position/Title	<u>CA Water Commission</u> Department/Division

4. Verification

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

Rachel Ballanti Rachel Ballanti Acting Exec. Officer 3/25/15
Signature Print Name Title (month, day, year)

Comment:

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

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