Payment to Agency R	eport	A Public Dod	cument	4-4-1	√ € TO PAYMI	ENT TO AGENCY REPOR
1. Agency Name	<del></del>					lifornia O O 4
Department of Water Reso	urces					Form <b>OU</b> I
Division, Department, or Reg			20	6 OCT -3	AM II: I	For Official Use Only
Executive Division/SWP						
Street Address						
1416 9th Street, Sacramen	to CA 94236-0001		İ			
Area Code/Phone Number	TEmail					
(916) 653-8043	mark.andersen@	water ca gov		☐ Amendme	ent (explain in come	nent section)
		water.ca.gov		Date of Origin	nal Filing:	3-110
Agency Contact (name and title)				Sate of Origin	_	onth, day, year)
Carl Torgersen						<u> </u>
2. Donor Name and Addre	ess					
☐ Individual			☑ Other .	China IWHR	3	
Last Name	First	Name	_		Name	
A-1 Fuxing Road,		Beijing, China 10	00038			
Address		City				ip Code
China Institute of Water Re		<u> </u>	<u> </u>	iese Governi	ment	
If "Other" is marked, describe the entity	's business activity (if busine	ess) or its nature and intere	ests.			
If applicable i	identify the name of ea	ach source and the a	mount(s) rea	ceived by the	donor for this na	avment:
- applicable, i	deficitly the heifie of ci	aon source and the a	inounit(u) re-	scired by aid	donor for this pe	Tymone.
Name	\$	Amount		Name		\$Amount
	N		0 2 2)			Allocate
3. Payment Information (C			2, 3.3)		7/40/40 7/00	40
3.1 (a) Travel Payment	See Attachme	Ocation of Travel			7/16/16-7/23	
		ocation or Havei			Dates (F	nonth, day, year)
Transportation Provider	Rail	☐ Air ☐ Bus Check Applicable Boxes	_	☐ Other	Name of	Lodging Facility
\$ \$	Meal Expenses	\$Transportation Expen	\$	Other Expenses	\$	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:			9	ŝ	
. , .		Di	ates (month, da	ıy, year)	Tol	al Expenses
3.2. Payment Description	. Provide a specif	ic description of t	he payme	nt and its ac	gency purpos	e and use.
All costs incurred and			_			
Water Diversion Project engineers/managers/s	ct facilities, share	e operational/fin	ancial de	tails of the	SWP with 0	CSNWDP
3.3. Identify the officials v	who used the paym	nent in Section 3.	1 (See instruct	tions)		
Andersen	Mark	Ac	cting Deput	ty Director	State Wa	iter Project
Last Name	First Name			on/Title		partment/Division
Leahigh	John	Pı	rincipal Eng	gineer	Operatio	ns & Maintenance
Last Name	First Name	e	Positi	ion/Title	De	partment/Division
0						
l, Verification						
I authorized the acceptance	of the reported nav	ment(s) as in comi	nliance with	h EPPC regu	ulations	
Taginonized the addeptance	or the reported pay	and the second second second			NITY TARKE	a 9/20/1
1/00	(ARL H	TORGERSSA)	CV	VIII I LEVEL I	NIT MENY	The state of the s
Signature		Print Name		Title		(month, day, year)
Comment:						
(Use this space or an attachment f	or any additional informa	ation)			-	PDC Form 804 / for it
	FOO	c Famisa			r:	PPC Form 801 (Jan/14 advice@fppc.ca.go

Clear Page

DWR State Water Project Management Trip to China - July 16 to July 23 2016
All costs below incurred and paid by the China Institute of Water Resources and Hydropower Research
The trip purpose was to visit/inspect China South to North Water Diversion Project facilities
and share operational and financial details of the SWP with the CSNWDP engineers/managers
as well as similar representatives from the IWHR at day long seminar on 7/18/16

DWR Managers	Air Fare	Lodging	Meals	Transportation,	China Business
	(China Air)			mail, & tickets	Visitor's Visa
Mark Andersen	\$4,365.44	\$450.03	\$320.88	\$133.82	\$248.51
John Leahigh	\$2,350.62	\$450.03	\$320.88	\$133.82	\$248.51
Subtotals	\$6,716.07	\$900.05	\$641.76	\$267.64	\$497.02
				Grand Total	\$9,022.53

## LETTER OF CERTIFICATION

To whom it may concern,

Thanks firstly for all the great efforts by Mr. Mark Edward Andersen and Mr. John William Leahigh for their excellent presentations and effective communications in the seminar in Beijing on water diversion projects. As promised in our invitation letter, China Institute of Water Resources and Hydropower Research (IWHR) is responsible for all their expenses in China, and we are sending this letter of certification with regard to details as follows:

- 1. Two roundtrip air tickets: 44,592RMB
- 2. Visa application: 3,300RMB
- 3. Lodging for six nights: 5,976RMB
- 4. Board for seven days: 4261RMB
- 5. Misc.: 1777.4RMB, including express mailing fees for the invitation letter, educational materials and souvenirs, as well as tickets for the Great Wall.

The total expenditure is 59906.4RMB.

We are also certifying that the following issues:

- 1. They are receiving two courtesy gifts of 150RMB respectively.
- 2. Except all the activities for the seminar and field trips to South-to-North Water Diversion Project(SNWDP) and the SNWDP destination in the Summer Palace, we also organized one day for sight-seeing to the Great Wall.
- 3. It is a great pity that we had to cancel their trip to the Three Gorges due to the heavy rainfall of 100 year return period.

If there is any question, please feel free to contact us at any time.

Sincerely Yours,

China Institute of Water Resources and Hydropower Research (IWHR)

Payment to Agency	Report	A Public D	ocument		PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stamp	California Q 0 4
California Natural Resour	ces Agency				Form OU
Division, Department, or R	egion (if applicable)		For Official Use Only		
Department of Water Res	ources - Division of S	Safety of Dams			
Street Address		-			
2200 X Street, Suite 200,	Sacramento, CA 95	818			
Area Code/Phone Number	Email			Amendment (	explain in comment section)
916-227-9800	michael.waggone	r@water.ca.gov			10 11 16
Agency Contact (name and titl				Date of Original F	(month, day, year)
Michael Waggoner, Chief		ranch			
. Donor Name and Add					
☐ Individual N/A Last Name	N/A		. 🕜 Other	Southern Califo	rnia Edison (SCE)
Last Name 1515 Walnut Grove Aven		Name Rosemead		C	Name A 91770
Address	<u> </u>	City		Sta	
Power Production		•			•
If "Other" is marked, describe the ent	ity's business activity (if busine	ess) or its nature and in	nterests.		
	, identify the name of ea	ach source and th	e amount(s) re	eceived by the don	
N/A	€ 0.00		N/A		0.00
Name	557.5	Amount		Name	Amount
Transportation Provide  \$ 0.00  Lodging Expenses	\$Meal Expenses	Air E Check Applicable E a 100.00 Transportation E.	Boxes	O.00 Other Expenses  \$ 0.00	Name of Lodging Facility  100.00  Total Expenses
3.1 (b) Payment(s) not i	elated to travel:		Dates (month, o		Total Expenses
3.2. Payment Description	on. Provide a specif	ic description (	of the payme	ent and its agen	cy purpose and use.
State jurisdiction for our is generally a safer m	dam safety. The u node of transporta	se of a helico tion to dams	pter is mor with limited	e efficient for lives.	is in remote areas unde both organizations and
3.3. Identify the officials		nent in Section			
Wulff	Eric		Senior Engi		DWR/DSOD
Last Name	First Name	e	Posi	tion/Title	Department/Division
	7:				
Last Name	First Nam	e	Pos	ition/Title	Department/Division
I authorized the acceptant	ce of the reported pay	/ment(s) as in co	ompliance wi	th FPPC regulation	7 4 D T
Comment:		1/ -/		-	. ,,,==,,
(Use this space or an attachmer	nt for any additional informa	ation)			EDDO Fac. COA ( )

Clear Page

Payment to Agency F	Report	A Public D	ocument		PAYMENT TO AGENCY REPORT		
1. Agency Name	·			Date Stamp	California 201		
California Natural Resource				0.West = 80	Form OUT		
Division, Department, or Re	gion (if applicable)			For Official Use			
Department of Water Res	ources - Division of S	Safety of Dams		2016 OCT 19	AM 8: 30		
Street Address							
2200 X Street, Suite 200,		818 					
Area Code/Phone Number	Email			Amendment (ex	plain in comment section)		
916-227-9800	michael.waggone	r@water.ca.gov		Date of Ociainal Fili	10-19-11		
Agency Contact (name and title				Date of Original Fili	(month, day, year)		
Michael Waggoner, Chief,		ranch					
2. Donor Name and Addr					<b></b>		
☐ Individual N/A	N/A		Other	Nevada Irrigation			
1036 West Main Street	First	Name Grass Valley		CA	Name 95945		
Address		City		State			
Hydroelectric Power Gene	eration	- 4		Sate			
If "Other" is marked, describe the entir		ess) or its nature and in	terests.	<del>_</del>			
	identify the name of ea			eceived by the donor	for this payment:		
N/A	<u>\$ 0.00</u>		N/A		s 0.00		
Name	· ·	Amount		Name	Amount		
3. Payment Information (	Complete Section	s 3.1 (a or b),	3.2, 3.3)				
3.1 (a) Travel Payment	Nevada Count	y		9/27	7/2016		
	Le	ocation of Travel			Dates (month, day, year)		
NID		☑ Air □ B	us 🔲 Auto	□ Other N/A			
Transportation Provider		Check Applicable Be			Name of Lodging Facility		
\$	\$ <u>0.00</u>	\$ 800.00	\$.	0.00	\$800.00		
Lodging Expenses	Meal Expenses	Transportation Ex	•	Other Expenses	Total Expenses		
3.1 (b) Payment(s) not re	elated to travel:		N/A	\$ 0.00			
			Dates (month, o		Total Expenses		
3.2. Payment Description	1. Provide a specifi	c description o	of the payme	ent and its agency	purpose and use.		
Helicopter travel was	offered by NID to	expedite trav	el to jointly	y inspect dams	in remote areas under		
State jurisdiction for d	am safety. The us	se of a helico	pter is mor	re efficient for be	oth organizations and		
is generally a safer m	ode of transportat	tion to dams v	with limited	I road access.			
3.3. Identify the officials	who used the payn	nent in Section	3.1 (See instru	ctions)			
Roundtree	Austin		Engineer, W	/.R.	DWR/DSOD		
Last Name	First Name			tion/Title	Department/Division		
Last Name	First Name		Pos	ition/Title	Department/Division		
4. Verification							
I authorized the acceptance	e of the reported pay	ment(s) as in co	mpliance wi	th FPPC regulation	ns.		
Hab Whan	M L/	bleen	En	(A) - (A) - (A)	carch Chit 10/18/14		
M(Mall V) 34 And Signature	Puchael	Print Name	66/0	Title (T	(month. dav. year)		
, .				4	(		
Comment:							
(Use this space or an attachment	for any additional informa	ition)			EDDC F 004 / 1 (44		

Payment to Agency R	eport	A Public D	ocument		P,	AYMENT TO AGENCY REPOR
1. Agency Name				Date Stam		California O 0 4
California Natural Resource	0.00	Sec	Form OU i			
Division, Department, or Reg	gion (if applicable)					For Official Use Only
Department of Water Resor	urces - Division of S	Safety of Dams	7,0	116 OCT 13 A	N 8: 5	
Street Address						
2200 X Street, Suite 200, S	acramento, CA 95	818				
Area Code/Phone Number	Email			☐ Amendment	(explain in	comment section)
916-227-9800	michael.waggone	r@water.ca.gov		<del>.</del> ₹:		15 211
Agency Contact (name and title)				Date of Original	Filing:	(month, day, year)
Michael Waggoner, Chief, F		ranch				
2. Donor Name and Addre						
☐ Individual N/A	N/A		Other	Sacramento M		Utility District (SMUD
Last Name PO Box 15830	First I	Name Sacramento	_		Nai CA	
Address		City			tate	95852 Zip Code
Power Generation						Lip bodd
If "Other" is marked, describe the entity	s business activity (if busine	ess) or its nature and in	iterests			
		·				
If applicable, i	dentify the name of ea	ach source and the	e amount(s) re	eceived by the do	nor for thi	s payment:
N/A	0.00		N/A			0.00
Name		Amount		Name		Amount
Transportation Provider \$ 0.00 \$	0.00 Rail	ocation of Travel  Air B Check Applicable B  500.00	oxes \$_	O.00	I/A	ne of Lodging Facility
Lodging Expenses	Meal Expenses	Transportation Ex		Other Expenses		Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		N/A		0.00	Tabel Francisco
3.2. Payment Description.	Provide a specif	ic description o	Dales (month, d		nov oue	Total Expenses
Helicopter travel was o under State jurisdiction organizations and is get 3.3. Identify the officials was a second control of the control of	offered by SMUD of for dam safety. Denerally a safer r	to expedite to The use of a mode of trans	ravel to joi helicopter portation to	ntly inspect d is more effici dams with li	ams in ent for	remote areas both
Jimenez	, -	nent in occion			DMD	IDSOD
Last Name	Timothy First Name		Engineer, W	tion/Title	DVK	/DSOD
Last Name	riist Naine		Posit	non/ nue		Department/Division
	<del>_</del>					
Last Name	First Name	e	Posi	tion/Title		Department/Division
4. Verification						
I authorized the acceptance Sidnéfure	AA - 1 / 1 /	rment(s) as in co 1990NET PARTName	empliance wit	th FPPC regulat	10	(mohih, day, year)
Comment:	or any additional informa		_			

Clear Page

FPPC Form 801 (Jan/14) advice@fppc.ca.gov