	eport A Publ	ic Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 801
California Natural Resource	s Agency		4.72	Form OU
Division, Department, or Reg	ion (if applicable)	. 15	17 JAN 13 AN 9:	For Official Use Only
Department of Water Resou	urces - Division of Safety of Da	ams		
Street Address				
2200 X Street, Suite 200, Sa	acramento, CA 95818			
Area Code/Phone Number	Email		F7 .	
916-227-9800	michael.waggoner@water.ca	a.gov	Amendment (explain	in comment section)
Agency Contact (name and title)	33	9	Date of Original Filing:	-13-17
Michael Waggoner, Chief, F	Field Engineering Branch			(month, day, year)
Donor Name and Addres			Design Con and Ele	stale Commence
☐ Individual N/A	N/A	Other	Pacific Gas and Elec	
33755 Old Mill Road	First Name Auberry		CA	Name 93602
Address	City		State	Zip Code
Hydroelectric Power Genera				
	attor) s business activity (if business) or its nature	o and interests		
of Other is marked, describe the entity s	s business activity (ii business) of its natur	e and interests.		
If applicable, in	dentify the name of each source a	and the amount(s) re	eceived by the donor for	this payment:
N/A	\$ 0.00	N/A		0.00
Name	ΦAmount		Name	
Transportation Provider \$\begin{align*} 0.00 & \\ & \text{Lodging Expenses} & \\ \end{align*}	0.00 \$_100.0	Bus Auto	O.00 Other Expenses	Name of Lodging Facility 100.00 Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	N/A	\$ 0.00	
		Dates (month, d		Total Expenses
3.2. Payment Description.	Provide a specific descript	tion of the payme	ent and its agency p	urpose and use.
	accessed for a construct the reservoir was drawn	·		-
(approx. 10 minutes ea	nch way) was the only wa who used the payment in Sec	y to access the	dam.	isoptor duvor
(approx. 10 minutes ea		y to access the	e dam.	VR/DSOD
(approx. 10 minutes ea	who used the payment in Sec	y to access the ction 3.1 (See instruc Sup. Engine	e dam.	
(approx. 10 minutes ea 3.3. Identify the officials w Mangney	who used the payment in Sec Andrew	y to access the ction 3.1 (See instruc Sup. Engine	e dam. ctions) eer, W.R. DV	VR/DSOD
(approx. 10 minutes ea 3.3. Identify the officials w Mangney Last Name	who used the payment in Sec Andrew First Name	y to access the ction 3.1 (See instruction Sup. Engine Position	e dam. ctions) eer, W.R. DV	VR/DSOD Department/Division
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(approx. 10 minutes ea 3.3. Identify the officials w Mangney Last Name Last Name	who used the payment in Sec Andrew First Name	Sup. Engine Posi	e dam. ctions) eer, W.R. DV tion/Title	VR/DSOD Department/Division
(approx. 10 minutes ea 3.3. Identify the officials w Mangney Last Name Last Name Verification	who used the payment in Sec Andrew First Name	Sup. Engine Posi	e dam. ctions) eer, W.R. DV tion/Title	VR/DSOD Department/Division

A Public Document

Clear Page

Payment to Agency Report

Payment to Agency Re	eport A Public	Document	PAYMENT TO AGENCY REPORT
1. Agency Name		Date	Stamp California Q 0 1
CA Department of Water Re	esources		Form OUI
Division, Department, or Reg	ion (if applicable)	۱۰ کاکار د	J For Official Use Only
Division of Statewide Integra	ated Water Management		
Street Address	_		
901 P Street, Room 202, Sa	acramento, CA 95814		
Area Code/Phone Number	Email		
916-653-3937	kamyar.guivetchi@water.ca.go	ov —	Irnent (explain in comment section)
Agency Contact (name and title)		Date of Ori	iginal Filing: 12/22/16 (month, day, year)
Kamyar Guivetchi, CEA, Div	vision Manager		(month, day, year)
2. Donor Name and Addres			
2. Donor Name and Addres	55	Shinebu I	Jniversity, Nagano, Japan
☐ Individual	First Name	Other	Name
4-17-1 Wakasato	Nagano		Japan
Address	City		State Zip Code
Academia institute of high	ner education		
	s business activity (if business) or its nature a	and interests.	
If applicable, ic	dentify the name of each source and	d the amount(s) received by the	ne donor for this payment:
	\$		5
Name	Amount	Name	Amount
3. Payment Information (C	omplete 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	□ Rall □ Air □	Bus □ Auto □ Othe	Lohas, Chisun, Kiriya, Dormy
Transportation Provider	Check Applicat		Name of Lodging Facility
g 625.00 g	200.002,130.0	00	2,955.00
\$ 625.00 \$	Meal Expenses Transportation	on Expenses Other Expen	ses Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		\$ 2,955.00
• • • • • • • • • • • • • • • • • • • •		Dates (month, day, year)	Total Expenses
3.2. Payment Description.	Provide a specific description	on of the payment and its	agency purpose and use.
•	rersity to present a Californ		and university professors and
students between 11/1		gioriai water omciais, a	and university professors and
3.3. Identify the officials w	tho used the payment in Secti	ion 3.1 (See instructions)	
Guivetchi	Kamyar	CEA, Division Manager	r DWR / DSIWM
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Lab. Name	THIS TYPE THE	r comony ride	Departmentorivision
			
I. Verification			
I authorized the acceptance	of the reported payment(s) as ir	n compliance with FPPC re	gulations.
No. of the case of	Gary Bardini	Deputy Director	12.73 11
Signature	Print Name	Tid	e (month, day, year)
Comment:			
(Use this space or an attachment for	r any additional information)		FPPC Form 801 (Jan/14)

advice@fppc.ca.gov

of Safety of Dams 95818 goner@water.ca.ge	S	Date Stamp	California 801 Form 801 For Official Use Only
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95818	S AT	0 F.CT =1, 10-	For Official Use Only
95818	5		
95818			
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noner@water ca re			
	ńν	Amendment (explain	n in comment section)
,		Date of Original Filing:	2-2-17
ng Branch			(month, day, year)
ig Branon			
h 1/4		Basifia Cos 9 Elect	rio Compony (DC 9 E)
	Ø Other	Pacific Gas & Electi	Name
	SCO.	CA	94177
City	-	State	Zip Code
business) or its nature and	d interests		
	the amount(s) re	aceived by the donor for	
0.00	N/A		\$ 0.00
Amount		Name	Amount
tions 3.1 (a or b), 3.2, 3.3)		
Alpine, Tuolumne		10/25,	10/31, (2016)
Location of Travel			Dates (month, day, year)
Rail 🖾 Air 🖂	Bus □ Auto	Other N/A	
			Name of Lodging Facility
_ 1,000.00	9	0.00	_1,000.00
Transportation	Expenses	Other Expenses	Total Expenses
	N/A	\$ 0.00	
	Dates (month, o	fay, year)	Total Expenses
ecific description	of the payme	ent and its agency p	ourpose and use.
•	•	•	
•	•		
	•		u Ioau access.
payment in Section	on 3.1 (See instru	ctions)	
	Senior Engi	neer, W.R. DV	WR/DSOD
Name	Posi	tion/Title	Department/Division
t Nama	Dani	iion (Tillo	Department/Division
. INdille	FOS	MONTHUE	DebaltilleunDivision
l payment(s) as in	compliance wi	th FPPC regulations.	
Arl Wardanie	r Field	Branch Chief	1/3//12
The second secon			The state of the s
Print Mathe		Title	(month, day, year)
Print Nath		Title	(month, day, year)
Print Nation)		Title	(month, day, year)
	N/A First Name San Francis City business) or its nature and of each source and of each	N/A First Name San Francisco City business) or its nature and interests. of each source and the amount(s) response to the control of the payment of the p	First Name San Francisco City State business) or its nature and interests. of each source and the amount(s) received by the donor for 0.00 N/A Amount Name Stions 3.1 (a or b), 3.2, 3.3) Alpine, Tuolumne Location of Travel Rail Air Check Applicable Boxes 1,000.00 Transportation Expenses N/A Dates (month, day, year) Decific description of the payment and its agency proceed to expedite travel to jointly inspect dams fer mode of transportation to dams with limited payment in Section 3.1 (See instructions) Senior Engineer, W.R. Position/Title It Name Position/Title

Payment to Agency	Report A Pu	ıblic Documen	t	PAYMENT TO AGENCY REPOR
I. Agency Name			Date Stamp	California O 0 4
California Natural Resor	urces Agency		OW.	Form OUI
Division, Department, or	Region (if applicable)		2016 OCT 19 AM	For Official Use Only
Department of Water Re	esources - Division of Safety of	f Dams	CONDUCT 19 AM	8: 30
Street Address			1	
2200 X Street, Suite 200), Sacramento, CA 95818			
Area Code/Phone Number	<u> </u>			<u> </u>
916-227-9800	michael.waggoner@wate	er.ca.gov	Amendment (expla	in in comment section)
Agency Contact (name and			Date of Original Filing	11 10 19 16
	ef, Field Engineering Branch			(month, day, year)
. Donor Name and Add			Design Con 9 Floor	tria Carres (DORE)
☐ Individual N/A Last Name	N/A		Pacific Gas & Elec	ric Company (PG&E)
PO Box 770000	First Name	Francisco	CA	Name 94177
Address	City	Tancisco	State	Zip Code
Power Generation				
	inlity's business activity (if business) or its n	acture and internets		
ii Otilei is iligikęd, describe irie e	nuty's business activity (ii business) or its ii	lature and interests.		
	le, identify the name of each sour	ce and the amount(s)	received by the donor fo	or this payment:
N/A	\$0.00	N/A		s 0.00
Name	——— Φ_—————————————————————————————————		Name	Amount
Payment Information	(Complete Sections 3.1 (a or b) 3 2 3 3)		
		a or b), o.z., o.o,	10/11	-12/2016
3.1 (a) Travel Payment	Nevada County	Travel		
PGE	Location of	Traver	2112	Dates (month, day, year)
Transportation Provide	Rail 🗸 Air	· □Bus □Au	to □ Other N/A	No. 10 April
	Ollega	Applicable Boxes	2.52	Name of Lodging Facility
\$ 0.00	3	000.00	0.00	5 1,000.00
Lodging Expenses	·	sportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not	related to travel:	N/A	\$ 0.00	
		Dates (month,	,,,	Total Expenses
3.2. Payment Descript	ion. Provide a specific desc	ription of the paym	ent and its agency	purpose and use.
Helicopter travel wa	s offered by PG&E to exp	pedite travel to join	intly inspect dams	in remote areas
	ion for dam safety. The u			
•	generally a safer mode o	•		
_	Is who used the payment in			
Jimenez	Timothy	Engineer, \	<i>W.</i> R. D	WR/DSOD
Last Name	First Name	Po	sition/Title	Department/Division
Last Name	First Name		sition/Title	Department/Division
LBS. NBINC	That Harrie	70	Silion The	Department/Division
Verification				
I authorized the acceptai	nce of the reported payment(s)) as in compliance w	ith FPPC regulations	10 Captor 10 VI VI
300	920			F 10/18/16
				(month, day, year)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Comment:				
(Use this space or an attachme	ent for any additional information)			EDBC En 204 / 1/4

1. Agency Name		A Public Doc	ument		PAYMENT TO AGENCY REPORT
				Date Stamp	California O O 4
California Natural Resource	ces Agency				Form OU i
Division, Department, or Re	gion (if applicable)				V LFOREstate UsiVO dy L
Department of Water Reso	ources- Division of S	afety of Dams			OCT 1 6 2017
Street Address					001 10 2011
2200 X Street, Suite 200, S	Sacramento, CA 958	818			HUMAN RESCURCES OFFIC
Area Code/Phone Number	Email				n in comment section)
916-227-9800	michael.waggone	er@water.ca.gov		-menament (explan	Till Comment Section)
Agency Contact (name and title))		Date	of Original Filing:	(month, day, year)
Michael Waggoner, Chief,	Field Engineering B	ranch			(month, day, your)
2. Donor Name and Addre	ess				
☐ Individual	N/A	,	7 Other Paci	fic Gas & Electr	ic Company (PG&E)
Last Name	Firsl	Name	7] CHILE!		Name
PO Box 770000		San Francisco		CA	94177
Address		City		State	Zip Code
Power Generation					
If "Other" is marked, describe the entity	y's business activity (if busin	ess) or its nature and interes	ls.		
	identify the name of e	ach source and the an	nount(s) receive	d by the donor for	this payment:
N/A	20.00	N/	Α	,	0.00
Name	\$ <u></u>	Amount N/		Name	\$Amount
PG&E Transportation Provider	Rail	Air Bus Check Applicable Boxes	Auto	Other N/A	Name of Lodging Facility
0.00					
\$ 0.00 \$ 1 odging Expenses	\$	1 500.00	TT.	FYDERSES	5.
Lodging Expenses	Meal Expenses	Transportation Expens	es Othe	r Expenses Φ O OO	Total Expenses
\$\frac{0.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not re	Meal Expenses	Transportation Expens	es Othe	\$ 0.00	5.
3.1 (b) Payment(s) not re	Meal Expenses	Transportation Expens No	es Othe /A les (month, day, year	\$ 0.00	Total Expenses Total Expenses
Lodging Expenses	Meal Expenses elated to travel: n. Provide a specif offered by PG&E n for dam safety.	Transportation Expens No Date Tic description of the to expedite trave The use of a he	es Othe /A les (month, day, year ne payment an el to jointly in licopter is m	\$ 0.00 pd its agency propert dams ore efficient f	Total Expenses Total Expenses urpose and use. in remote areas or both
3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was a under State jurisdiction	Meal Expenses elated to travel: n. Provide a specif offered by PG&E n for dam safety. enerally a safer i	Transportation Expens Note The description of the content of the c	es Othe /A les (month, day, year ne payment an el to jointly in licopter is m tation to dan	\$ 0.00 pd its agency propert dams ore efficient f	Total Expenses Total Expenses urpose and use. in remote areas or both
3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was ounder State jurisdiction organizations and is gr	Meal Expenses elated to travel: n. Provide a specif offered by PG&E n for dam safety. enerally a safer i	Transportation Expens No Del Ic description of the It to expedite trave The use of a hele mode of transport ment in Section 3.1	es Othe /A les (month, day, year ne payment an el to jointly in licopter is m tation to dan	\$ 0.00 Indits agency parts Inspect dams Inspect dams Inspect dams Inspect dams Inspect dams Inspect dams Inspect dams	Total Expenses Total Expenses urpose and use. in remote areas or both
3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was of under State jurisdiction organizations and is go	Meal Expenses elated to travel: n. Provide a specif offered by PG&E n for dam safety. enerally a safer i who used the payn	Transportation Expens No Day The description of the trave The use of a he mode of transport The transport transport The transport transport The transport transport transport The transport transpor	es Othe /A les (month, day, year ne payment an el to jointly in licopter is m tation to dan (See instructions)	\$ 0.00 Ind its agency property dams ore efficient from the with limite	Total Expenses Urpose and use. in remote areas for both d road access.
3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was ounder State jurisdiction organizations and is go 3.3. Identify the officials of Holland	Meal Expenses Plated to travel: n. Provide a specif offered by PG&E n for dam safety. enerally a safer r who used the payn	Transportation Expens No Day The description of the trave The use of a he mode of transport The transport transport The transport transport The transport transport transport The transport transpor	les Othe /A les (month, day, year ne payment an el to jointly in licopter is m tation to dan (See instructions) gineer, W.R.	\$ 0.00 Ind its agency property dams ore efficient from the with limite	Total Expenses Total Expenses urpose and use. in remote areas for both d road access.
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3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was ounder State jurisdiction organizations and is gr 3.3. Identify the officials of Holland Last Name Last Name Verification I authorized the acceptance	Meal Expenses Plated to travel: n. Provide a specific offered by PG&E of for darn safety. enerally a safer remains who used the paynetic of First Name	Transportation Expens No Dai Tic description of the to expedite trave The use of a he mode of transport The in Section 3.1 Engle	les Othe /A les (month, day, year ne payment an el to jointly in licopter is m tation to dan (See instructions) gineer, W.R. Position/Title	\$ 0.00 Ind its agency possible inspect dams ore efficient forms with limite	Total Expenses Total Expenses urpose and use. in remote areas for both d road access. VR/DSOD Department/Division

Payment to Agency Rep	ort A Public I	Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California OO4
California Natural Resources A	igency			Form OU
Division, Department, or Region	• •			KECEMEN
Department of Water Resource	es - Division of Safety of Dams			OCT 1 8 2017
Street Address				001 1 6 7017
2200 X Street, Suite 200, Sacra	amento CA 95818			
	nail	-	-	IUMÁN RESOURCES OFFICE
	ichael.waggoner@water.ca.go	11/	Amendment (exp	lain in comment section)
Agency Contact (name and title)		·	Date of Original Filir	ıq:
•	d Engineering Propph	1		(month, day, year)
Michael Waggoner, Chief, Field				
2. Donor Name and Address				
☐ Individual N/A	N/A	_ Ø Other	Southern Californi	ia Edison (SCE)
Last Name	First Name			Name
1515 Walnut Grove	Rosemead		CA	91770
Address	City		State	Zip Code
Power Production				
If "Other" is marked, describe the entity's bus	iness activity (if business) or its nature and	I interests.		
If applicable, ident	tify the name of each source and t	the amount(s) re	eceived by the donor	for this payment:
N/A		N/A	ŕ	_ 0.00
Name	\$ 0.00 Amount		Name	Amount
3. Payment Information (Com		1 2 2 3 21		
		j, 3.2, 3.3 <i>j</i>	9/26	117
3.1 (a) Travel Payment	Inyo County Location of Travel		- = ===================================	Dates (month, day, year)
SCE			53/A	outes (monar, day, year)
Transportation Provider		Bus	Other N/A	Name of Lodging Facility
·	Check Applicable		0.00	
\$\overline{0.00}\$	<u> </u>	\$.	0.00 Other Expenses	600.00
				Total Expenses
3.1 (b) Payment(s) not relate	d to travel:	N/A Dates (month, d	\$ 0.00	Total Expenses
				·
3.2. Payment Description. P	rovide a specific description	of the payme	ent and its agency	purpose and use.
Helicopter travel was offe	red by SCE to expedite tr	avel to jointl	ly inspect dams	in remote areas under
State jurisdiction for dam	safety. The use of a helic	opter is mor	e efficient for bo	oth organizations and
is generally a safer mode	of transportation to dams	with limited	l road access.	
3.3. Identify the officials who	used the navment in Section	n 3.1 (See instru	ctions)	
				DWEIDSOD
Cruz	Brandon	Senior Engil	tion/Title	DWR/DSOD
i.ast Name	First Name	Posi	tion tine	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
4 Maritiantian				
4, Verification				
I authorized the acceptance of t	the reported payment(s) as in o	compliance wi	-00%	A CONTRACTOR OF THE PROPERTY O
Michael Wargers	Michael Waggoner	- Tield L	HEINERIN DYON	W Chir 10/19/19
Signature / //	Print Name		/ T(y/e	(month, day, year)
Comment				
Comment: (Use this space or an attachment for an	nv additional information)			
(= 10 and space as an addening it for all	,			FPPC Form 801 (Jan/14) advice@fppc.ca.gov
				ad the earling of

1. Agency Name California Natural Resources Agency Division, Department, or Region (if applicable) California Natural Resources Agency For Region (if applicable)	m OUT
- Gently	
Division, Department, or Region (if applicable)	
	CEIVED
Department of Water Resources- Division of Safety of Dams	
Street Address	1 6 2017
2200 X Street, Suite 200, Sacramento, CA 95818	
Area Code/Phone Number Email Amendment (explain in comment)	PURCES OFFICE
916-227-9800 michael.waggoner@water.ca.gov	· ·
	day, year)
Michael Waggoner, Chief, Field Engineering Branch	
2. Donor Name and Address	
☐ Individual N/A N/A ☐ Other Pacific Gas & Electric Compar	ny (PG&E)
Last Name First Name Name	7.7
PO Box 770000 San Francisco CA 9417 Address City Stale Zip Co	
Power Generation	
F "Other" is marked, describe the entity's business activity (if business) or its nature and interests.	
if Other is marked, describe the entity's business activity (ii business) of its flature and interests.	
If applicable, identify the name of each source and the amount(s) received by the donor for this payment.	ent:
N/A	.00
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 9/21/2017	
Location of Travel Dates (month	, day, year)
PG&E Rail 7 Air Bus Auto Other N/A	
Transportation Provider Check Applicable Boxes Name of Lodg	ing Facility
\$ 0.00 \$ 0.00 \$ 500.00 \$ 0.00 \$ 500.0	0
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total	Expenses
3.1 (b) Payment(s) not related to travel: N/A \$ 0.00	
Dates (month, day, year) Total Ex	penses
3.2. Payment Description. Provide a specific description of the payment and its agency purpose at	nd use.
Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remot	e areas
under State jurisdiction for dam safety. The use of a helicopter is more efficient for both	o areas
organizations and is generally a safer mode of transportation to dams with limited road a	ccess.
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)	
Holland Eric Engineer, W.R. DWR/DSOD	
Last Name First Name Position/Title Departm	ent/Division
Last Name First Name Position/Title Departm	ent/Division
4. Verification	
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.	. / . / .
Michael Waggoner Field Engineers Brook thet	10/17/11)
Signature Print Nerge V Title CV	(month, day, year)
Comment:	
(Use this space or an attachment for any additional information) FPPC	Form 801 (Jan/14)

advice@fppc.ca.gov

	eport A F	Public Document	L	PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California OO4
California Natural Resource	es Agency			D Form DV L
Division, Department, or Reg	gion (if applicable)		1	For Official Use Only
Department of Water Reso	urces - Division of Safetv	of Dams		20 7 0CT 24 PH (+ 10
Street Address			-	
2200 X Street, Suite 200, S	Sacramento CA 95818			
Area Code/Phone Number	Email			
916-227-9800	michael.waggoner@wa	aterica dov	Amendment (ex	plain in comment section)
Agency Contact (name and title)			Date of Original Fill	na:
Michael Waggoner, Chief, I				(month, day, year)
2. Donor Name and Addre	!SS			
☐ Individual N/A	N/A	Other	Nevada Irrigation	
	First Name	_		Name
28311 Secret Town Road	City	lfax	CA State	95713
Address	City		State	Zīp Code
If "Other" is marked, describe the entity	's business activity (if business) or it	is nature and interests		
	identify the name of each so	ource and the amount(s)	received by the donor	for this payment:
N/A	0.00	N/A	ŕ	0.00
Name	\$ 0.00 Amour	nt —	Name	Amount
3. Payment Information (C				
-	Nevada County	(a or b), 0.2, 0.5)	9/15	2/2017
3.1 (a) Travel Payment	Location	of Travel		Dates (month, day, year)
NID			N1/A	
Transportation Provider	🔲 Rail 🔯 🗸		to □ Other <u>N/A</u>	Name of Lodging Facility
·		ck Applicable Boxes	0.00	
\$ <u>0.00</u> \$	0.00 Meal Expenses	1,500.00 ansportation Expenses	O.00 Other Expenses	\$\frac{1,500.00}{\text{Total Expenses}}
Lodging Expenses		ANSPORTATION EXPENSES	·	
3.1 (b) Payment(s) not rel	ated to travel:	IN/A	\$ 0.0	J
		Dates (month	day year)	Tetal European
		Dates (month,		Total Expenses
3.2. Payment Description	. Provide a specific des			•
3.2. Payment DescriptionLarger helicopter nece		scription of the paym	ent and its agenc	purpose and use.
	ssary to expedite tra	scription of the paym	ent and its agence at dams in remot	y purpose and use. e areas under State
Larger helicopter nece	ssary to expedite tra- fety. The use of a hel	scription of the paym vel to jointly inspec icopter is more effi	ent and its agency of dams in remot cient for both or	y purpose and use. e areas under State
Larger helicopter nece jurisdiction for dam saf generally a safer mode	ssary to expedite tra- fety. The use of a hel e of transportation to	scription of the paym vel to jointly inspec icopter is more effi dams with limited r	ent and its agence of dams in remot cient for both or road access.	y purpose and use. e areas under State
Larger helicopter nece jurisdiction for dam saf generally a safer mode 3.3. Identify the officials were safe to the safe to th	ssary to expedite tra- fety. The use of a hel e of transportation to who used the payment i	scription of the payment of the jointly inspection is more efficient of the section 3.1 (See instrict of the section 3.1 (See instri	ent and its agence of dams in remot cient for both or road access.	y purpose and use. e areas under State ganizations and is
Larger helicopter nece jurisdiction for dam saf generally a safer mode 3.3. Identify the officials value of the safer mode safer mode at the safer mode safer mode at the safer mode.	ssary to expedite transety. The use of a hele of transportation to who used the payment in the Tim	scription of the paymon vel to jointly inspect icopter is more effiction dams with limited resistant in Section 3.1 (See instruction)	nent and its agency of dams in remot cient for both orgonal road access. uctions)	y purpose and use. e areas under State ganizations and is DWR/DSOD
Larger helicopter nece jurisdiction for dam saf generally a safer mode 3.3. Identify the officials were safe to the safe to th	ssary to expedite tra- fety. The use of a hel e of transportation to who used the payment i	scription of the paymon vel to jointly inspect icopter is more effiction dams with limited resistant in Section 3.1 (See instruction)	ent and its agence of dams in remot cient for both or road access.	y purpose and use. e areas under State ganizations and is
Larger helicopter nece jurisdiction for dam saf generally a safer mode 3.3. Identify the officials value of the safer mode safer mode at the safer mode safer mode at the safer mode.	ssary to expedite transety. The use of a hele of transportation to who used the payment in the Tim	scription of the paymon vel to jointly inspect icopter is more effiction dams with limited resistant in Section 3.1 (See instruction)	nent and its agency of dams in remot cient for both orgonal road access. uctions)	y purpose and use. e areas under State ganizations and is DWR/DSOD
Larger helicopter nece jurisdiction for dam saf generally a safer mode 3.3. Identify the officials value of the safer mode safer mode at the safer mode safer mode at the safer mode.	ssary to expedite transety. The use of a hele of transportation to who used the payment in the Tim	vel to jointly inspection of the payment of the jointly inspection is more efficient of the section of the jointly in Section 3.1 (See instruction of the jointly section of the jointly inspection of the jointly section of	nent and its agency of dams in remot cient for both orgonal road access. uctions)	y purpose and use. e areas under State ganizations and is DWR/DSOD

Payment to Agency R	leport	A Public D	ocument		F	PAYMENT TO AGENCY REPORT
1. Agency Name	-			Date Star	-	California OO4
California Natural Resourc	es Agency		(m	1 信 图	IWE	Form 801
Division, Department, or Reg	* *		ill	E 10 E		For Official Use Only
Department of Water Reso	urces - Division of S	afety of Dams	l D	POT DO	2017	
Street Address	51000 514151611 61 6	aroty or Barrio		Lot 64	2011	
2200 X Street, Suite 200, S	Sacramento CA 959	318		TUMAN RESOU	DOES OF	ICE TO THE TOTAL PROPERTY OF THE TOTAL PROPE
Area Code/Phone Number	Email			חהיפשע אואואוחול	חטבט טרו	IUL
916-227-9800	michael.waggoner	r@water ca gov	,	☐ Amendme	nt (explain in	comment section)
Agency Contact (name and title)		water.ba.gov	,	Date of Origina	d Filina:	
Michael Waggoner, Chief,		anch		v	٠ _	(month, day, year)
		anch				
2. Donor Name and Addre						
☐ Individual N/A	N/A		. ☑ Other	Pacific Gas 8		Company (PG&E)
Last Name PO Box 770000	First N	lame San Francisc			CA	ame 0.41.77
Address		City	.0	_	State	94177 Zip Code
Power Generation						
if "Other" is marked, describe the entity	i's husiness activity (if husine	ss) or its nature and i	nterests			
ii Other is marked, describe the entity	s business activity (ii busine	ss, or its flature and in	illeresis.			
If applicable,	identify the name of ea	ich source and th	ie amount(s) re	eceived by the d	onor for th	nis payment:
N/A	\$ 0.00		N/A			_e 0.00
Name	Ψ	Amount		Name		Amount
3. Payment Information (C	Complete Section	s 3.1 (a or b),	3.2, 3.3)			
3.1 (a) Travel Payment	Amador and Al				09/12/20	17
()	Lo	ocation of Travel		-	Da	ites (month, day, year)
PG&E		Ø Air □ B	Bus □ Auto	□ Other	N/A	
Transportation Provider		Check Applicable B	_		Na	me of Lodging Facility
0.00	0.00	_ 500.00		0.00		<u>_</u> 500.00
۵ Lodging Expenses	Meal Expenses	500.00 Φ Transportation E:	ֆ_ xpenses	Other Expenses	-	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:		N/A	\$	0.00	
			Dates (month, d	ay, year)		Total Expenses
3.2. Payment Description	. Provide a specifi	c description (of the payme	ent and its age	ency pur	pose and use.
Helicopter travel was o	offered by DG&E	to evnedite t	ravel to joir	tly inspect	tame in	romoto aroas
under State jurisdiction	,	•	•			
organizations and is ge	-		•			
· ·	•				mineca	1044 400033.
3.3. Identify the officials v	who used the paym	ent in Section	3.1 (See instruc	ctions)		
Dhillon	Param		Senior Engli	neer, W.R.	DWF	R/DSOD
Last Name	First Name		Posit	tion/Title		Department/Division
Last Name	First Name		Posi	tion/Title		Department/Division
Edd (Namb	The traine		1.031	non/ine		Department Division
4. Verification						
I authorized the acceptance	of the reported pay	ment(s) as in co	ompliance wit	th FPPC regula	ations.	1 1
Michael Classins	Michael	WARRENET	Fall	Engr Brand	Chief	9/27/19
Signatu/e//		Print Name	1104	Title	×4/111	(month, day, year)
Comment:						
(Use this space or an attachment t	ior any additional informa	tion)				FPPC Form 801 (Jan/14
						advice@fppc.ca.gov

Agency Name California Natural Resource			Date Stamp	California RO1
California Natural Resource	A. A			
ivision, Department, or Region (if applicable)				D Earm
Division, Department, or Re	gion (if applicable)		1	
Department of Water Reso	ources - Division of Safety of Dams	3		OCT 1 8 2017
Street Address			1	001 1 0 2017
2200 X Street, Suite 200,	Sacramento, CA 95818			
Area Code/Phone Number	Email			HUMAN RESOURCES OFFICE
916-227-9800	michael.waggoner@water.ca.g-	ov	Amendment (e	xplain in comment section)
Agency Contact (name and title			Date of Original Fil	ling:
Michael Waggoner, Chief,				(month, day, year)
		-		
Donor Name and Addr			Southern Califor	nia Edison (SCE)
] Individual N/A Last Name	N/A First Name	☑ Other	Southern Camor	Name
1515 Walnut Grove	Rosemead		CA	
Address	City		State	
Power Production	,			
	y's business activity (if business) or its nature an	d interests		<u> </u>
. Solor to mention appended the Cital	, = === no			
If applicable,	identify the name of each source and	the amount(s) re	eceived by the dono	r for this payment:
	identify the name of each source and 0.00	the amount(s) re N/A	eceived by the dono	or for this payment:
N/A Name Payment Information (3.1 (a) Travel Payment	Complete Sections 3.1 (a or because of Travel	N/A b), 3.2, 3.3)	Name 9/1	8/17 Dates (month, day, year)
N/A Name Payment Information (3.1 (a) Travel Payment	Complete Sections 3.1 (a or because of Travel	N/A D), 3.2, 3.3) Bus	Name 9/1	8/17 Dates (month, day, year)
N/A Name Payment Information (3.1 (a) Travel Payment SCE Transportation Provider 0.00 Lodging Expenses	Complete Sections 3.1 (a or to Expense County Continue Continue	N/A D), 3.2, 3.3) Bus Auto Boxes Expenses N/A	Name 9/1 □ Other N// 0.00 Other Expenses \$ 0-0	0.00 Amount 8/17 Dates (month, day, year) Name of Lodging Facility \$\frac{1,200.00}{\text{Total Expenses}}\$
N/A Payment Information (3.1 (a) Travel Payment SCE Transportation Provider \$\frac{0.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not reference.	Complete Sections 3.1 (a or to be section of Travel Rail Air Check Applicable	N/A D), 3.2, 3.3) Bus Auto Boxes Expenses N/A Dates (month, company)	Name 9/1 ○ Other N// 0.00 Other Expenses \$ 0-0	8/17 Dates (month, day, year) Name of Lodging Facility \$\frac{1,200.00}{\text{Total Expenses}} Total Expenses
Payment Information (3.1 (a) Travel Payment SCE Transportation Provider 0.00 Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was State jurisdiction for dis generally a safer m	Complete Sections 3.1 (a or to Fresno County Check Applicable Check Applicable	N/A Dates (month, or of the paymeravel to joint copter is more swith limited)	O.00 Other Expenses s 0-0 day, year) ent and its agend re efficient for its froad access.	8/17 Dates (month, day, year) Name of Lodging Facility \$\frac{1,200.00}{\text{Total Expenses}} Total Expenses by purpose and use. in remote areas under
Payment Information (3.1 (a) Travel Payment SCE Transportation Provider \$\frac{0.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was State jurisdiction for dis generally a safer m 3.3. Identify the officials	Complete Sections 3.1 (a or to Fresno County Concept Fresno County	N/A D), 3.2, 3.3) Bus Auto Boxes N/A Dates (month, or revel to joint copter is more s with limited on 3.1 (See instru	Name 9/1 O Other N// O.00 Other Expenses \$ 0-0 day, year) ent and its agence ity inspect dams re efficient for its froad access.	8/17 Dates (month, day, year) Name of Lodging Facility \$\frac{1,200.00}{\text{Total Expenses}} Total Expenses by purpose and use. in remote areas under both organizations and
Payment Information (3.1 (a) Travel Payment SCE Transportation Provider \$ 0.00 Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was State jurisdiction for d is generally a safer m 3.3. Identify the officials Cruz	O.00 Amount Complete Sections 3.1 (a or to Fresno County Location of Travel Rail Air Check Applicable Check Applicable 600.00 Transportation Provide a specific description offered by SCE to expedite to am safety. The use of a helicode of transportation to dame who used the payment in Section Brandon	N/A Dates (month, or of the paymer ravel to joint copter is more swith limited on 3.1 (See instru	Name 9/1 O Other N// O.00 Other Expenses \$ 0.0 day, year) ent and its agence ly inspect dams re efficient for its d road access. ctions) ineer, W.R.	8/17 Dates (month, day, year) Name of Lodging Facility \$\frac{1,200.00}{\text{Total Expenses}} Total Expenses by purpose and use. In remote areas under tooth organizations and tooth organizations and tooth organizations.
Payment Information (3.1 (a) Travel Payment SCE Transportation Provider 0.00 Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was State jurisdiction for dis generally a safer m 3.3. Identify the officials	Complete Sections 3.1 (a or to Fresno County Concept Fresno County	N/A Dates (month, or of the paymer ravel to joint copter is more swith limited on 3.1 (See instru	Name 9/1 O Other N// O.00 Other Expenses \$ 0-0 day, year) ent and its agence ity inspect dams re efficient for its froad access.	8/17 Dates (month, day, year) Name of Lodging Facility \$\frac{1,200.00}{\text{Total Expenses}} Total Expenses by purpose and use. in remote areas under both organizations and
Payment Information (3.1 (a) Travel Payment SCE Transportation Provider \$ 0.00 Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description Helicopter travel was State jurisdiction for d is generally a safer m 3.3. Identify the officials Cruz	O.00 Amount Complete Sections 3.1 (a or to Fresno County Location of Travel Rail Air Check Applicable Check Applicable 600.00 Transportation Provide a specific description offered by SCE to expedite to am safety. The use of a helicode of transportation to dame who used the payment in Section Brandon	N/A Dates (month, or of the paymer ravel to joint copter is more swith limited on 3.1 (See instru	Name 9/1 O Other N// O.00 Other Expenses \$ 0.0 day, year) ent and its agence ly inspect dams re efficient for it d road access. ctions) ineer, W.R.	8/17 Dates (month, day, year) Name of Lodging Facility \$\frac{1,200.00}{\text{Total Expenses}} Total Expenses by purpose and use. In remote areas under tooth organizations and tooth organizations and tooth organizations.

Payment to Agency R	eport	A Public De	ocument			PAYMENT TO AGENCY REPOR
1. Agency Name				Date Sta		California O 0 4
Department of Water Reso	urces					Form OUI
Division, Department, or Reg				1	F	ECEIVED
Statewide Integrated Water	r Management					007.0.0.001
Street Address				1		OCT 2 0 2017
901 P Street, Room 202						
Area Code/Phone Number	Email			☐ Amendme	HUM nt (explain in	IAN RESOURCES OFFICE comment section)
916 653-3937	kamyar.guivetchi@	@water.ca.gov				
Agency Contact (name and title)				Date of Origin	al Filing: _	(month, day, year)
Kamyar Guivetchi, Division	Chief					(
2. Donor Name and Addre	ess					
☐ Individual	CCE	EEB	☑ Other	CA Council f	or Enviro	nmental Eco Balance
Last Name	First N	lame	E Calci		N:	ame
101 Mission Street, Ste. 14	40	San Francisco)		CA	94105
Address		City			State	Zip Code
CCEEB - Summer Issues S	Seminar-Environmen	ntal and Econom	ic Balance			
If "Other" is marked, describe the entity	's business activity (if busine	ss) or its nature and int	erests.			
If applicable, i	dentify the name of ea	ich source and the	amount(s) re	eceived by the o	donor for th	nis pavment:
Name	\$	Amount		Name		\$ Amount
3. Payment Information (C	Complete Section	s 3.1 (a or b).	3.2. 3.3)			
3.1 (a) Travel Payment	Squaw Valley,	' '	··-, -·-,		7/20-21/	2017
3.1 (a) Have Fayment		ocation of Travel		_		ates (month, day, year)
Self	C Dail	□ A:- □ D.	T3 A	a DOthar	Squaw 0	Creek Resort
Transportation Provider		☐ Air ☐ Bt Check Applicable Bo	_	o 🗌 Other	-	ime of Lodging Facility
368.14		_				
5	Meal Expenses	\$ Transportation Exp	enses \$.	Other Expenses	_	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:			\$		
(-, · - ,			Dates (month, o	day, year)		Total Expenses
3.2. Payment Description	. Provide a specifi	c description o	f the payme	ent and its ac	iency pui	pose and use.
		·		_	•	
Invited by the CCEEB Perspectives. One nig				AK 2 EUAIIO	nmentai	and Regulatory
reispectives. One nig	int loughly and m	ieais provided	1.			
3.3. Identify the officials v	who used the paym	ent in Section	3.1 (See instru	ctions)		
Guivetchi	Kamyar		Division Chi	ief/CEA	DWF	R/DSIWM
Lasi Name	First Name		Posi	ition/Title		Department/Division
Last Name	First Name	, 	Pos	sition/Title		Department/Division
22.17			, 00	THE STATE OF THE S		Department Division)
						
l. Verification						
I authorized the acceptance	of the reported pay	ment(s) as in co	mpliance wi	th FPPC regu	lations.	
1. Min 1	Eric Koch	6	Depu	ity Director		10/19/17
Signature	ſ	rint Name	-	Title		(month, day, year)
Commont						
Comment: (Use this space or an attachment f	for any additional informs	tion)				
feac use abace at all attaching if i	ar any additional intollia	and 1)				FPPC Form 801 (Jan/14
						advice@fppc.ca.go