

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

| | | |
|--|---|--|
| 1. Agency Name California Natural Resources Agency | | Date Stamp <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">OCT 24 2023</div> |
| 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 | |
| Agency Contact (name and title) Andrew J. Mangney, Branch Manager, Field Engineering Branch | | California 801 Form 801 For Official Use Only DWR Human Resources <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>10-24-23</u> (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

2244 Walnut Grove Avenue Address Rosemead City CA State 91770 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 Sequoia National Park Location of Travel 09/13/2023 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>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 SCE to expedite travel to inspect dams in remote areas under State jurisdiction for dam safety. The dam is located within Sequoia National Park and has no road access. The use of a helicopter is efficient for both organizations and is generally a safer mode of transportation to these dams.

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

| | | | |
|-------------------------|---------------------------|---|-------------------------------------|
| <u>Vogler</u> Last Name | <u>William</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>Andrew J. Mangney</u> Print Name | <u>Branch Manager, Field Engineering Branch</u> Title | <u>10-19-23</u> (month, day, year) |
| _____ Signature | _____ Print Name | _____ Title | _____ (month, day, year) |

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

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