

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> 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	<b>California Form 801</b> 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
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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

\$ <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
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**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
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<u>Mangney</u> Last Name	<u>Andrew</u> First Name	<u>Sup. Engineer, W.R.</u> Position/Title	<u>DWR/DSOD</u> Department/Division
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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 Branch Chief</u> Title	<u>1/11/17</u> (month, day, year)
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Comment:

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

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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
CA Department of Water Resources		DEC 23 11:17	
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	Email	<input type="checkbox"/> Amendment (explain in comment section)	
916-653-3937	kamyar.guivetchi@water.ca.gov	Date of Original Filing: 12/22/16 (month, day, year)	
Agency Contact (name and title)			
Kamyar Guivetchi, CEA, Division Manager			

**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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<b>1. Agency Name</b> California Natural Resources Agency		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams		NOV 10 10:12	
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: <u>2-2-17</u> (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
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**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 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
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**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>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.

<u>Michael Waggoner</u> Signature	<u>Michael Waggoner</u> Print Name	<u>Field Branch Chief</u> Title	<u>1/31/17</u> (month, day, year)
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Comment:  
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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> California Natural Resources Agency		Date Stamp DWR 2016 OCT 19 AM 8:30	<b>California Form 801</b> 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
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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 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>1,000.00</u> Transportation Expenses	\$ <u>0.00</u> Other Expenses	\$ <u>1,000.00</u> Total Expenses
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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)