

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name 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	California Form 801 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

Check Applicable Boxes

\$ <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
<u>Mangney</u> Last Name	<u>Andrew</u> First Name	<u>Sup. 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.

Michael Waggoner Signature Michael Waggoner Print Name Field Branch Chief Title 1/11/17 (month, day, year)

Comment:

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

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

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

\$ 625.00 \$ 200.00 \$ 2,130.00 \$ _____ \$ 2,955.00

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

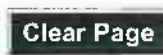
4. Verification

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)



Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name California Natural Resources Agency		Date Stamp	California Form 801 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:
(Use this space or an attachment for any additional information)

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Natural Resources Agency		Date Stamp DWR 2016 OCT 19 AM 8:30	California Form 801 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: <u>10-19-16</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 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)

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 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
California Form 801
RESERVED
OCT 18 2017
 HUMAN RESOURCES OFFICE

Amendment (explain in comment section)
 Date of Original Filing: _____
 (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 Address San Francisco City CA State 94177 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 and Alpine Location of Travel 10/11/2017 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>\$ 500.00</u> Transportation Expenses	<u>\$ 0.00</u> Other Expenses	<u>\$ 500.00</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>Holland</u> Last Name	<u>Eric</u> First Name	<u>Engineer, W.R.</u> Position/Title	<u>DWR/DSOD</u> Department/Division
<u>Holland</u> Last Name	<u>Eric</u> First Name	<u>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.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/17/17 (month, day, year)


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

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Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	
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	<input type="checkbox"/> Amendment (explain in comment section)	
916-227-9800	michael.waggoner@water.ca.gov	Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title)			
Michael Waggoner, Chief, Field Engineering Branch			

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Southern California Edison (SCE) Name

1515 Walnut Grove Address Rosemead City CA State 91770 Zip Code

Power Production
 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 Inyo County Location of Travel 9/26/17 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>600.00</u> Transportation Expenses	\$ <u>0.00</u> Other Expenses	\$ <u>600.00</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 SCE 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>Cruz</u> Last Name	<u>Brandon</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.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/10/17 (month, day, year)

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



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name 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 California Form 801 RECEIVED OCT 10 2017 HUMAN RESOURCES OFFICE <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
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2. Donor Name and Address

Individual N/A Last Name N/A First Name Other Pacific Gas & Electric Company (PG&E) Name

PO Box 770000 Address San Francisco City CA State 94177 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 and Alpine Location of Travel 9/21/2017 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>500.00</u> Transportation Expenses	\$ <u>0.00</u> Other Expenses	\$ <u>500.00</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>Holland</u> Last Name	<u>Eric</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.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineer Branch Chief Title 10/10/17 (month, day, year)


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



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name 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 
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Nevada Irrigation District (NID) Name

28311 Secret Town Road Address Colfax City CA State 95713 Zip Code

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 9/12/2017 Dates (month, day, year)

NID 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>1,500.00</u> Transportation Expenses	\$ <u>0.00</u> Other Expenses	\$ <u>1,500.00</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.

Larger helicopter necessary 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)

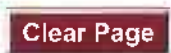
<u>Jimenez</u> Last Name	<u>Tim</u> First Name	<u>Senior Engineer</u> Position/Title	<u>DWR/DSOD</u> Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

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

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/20/17 (month, day, year)

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



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PAYMENT TO AGENCY REPORT

1. Agency Name 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 RECEIVE OCT 02 2017 HUMAN RESOURCES OFFICE	California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (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 and Alpine Location of Travel 09/12/2017 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>500.00</u> Transportation Expenses	\$ <u>0.00</u> Other Expenses	\$ <u>500.00</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
_____ 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.

Michael Waggoner Signature | Michael Waggoner Print Name | Field Engr. Branch Chief Title | 9/27/17 (month, day, year)

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

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PAYMENT TO AGENCY REPORT

1. Agency Name 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 California Form 801 RECEIVED OCT 18 2017 HUMAN RESOURCES OFFICE
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (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

1515 Walnut Grove Address Rosemead City CA State 91770 Zip Code

Power Production

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 9/18/17 Dates (month, day, year)

SCE Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes
 \$ 0.00 Lodging Expenses \$ 0.00 Meal Expenses \$ 600.00 Transportation Expenses \$ 0.00 Other Expenses \$ 1,200.00 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 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>Cruz</u> Last Name	<u>Brandon</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.

Michael Waggoner Signature Michael Waggoner Print Name Asst. Dir. / Chief of Staff Title 10/19/17 Date (month, day, year)

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



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Department of Water Resources		Date Stamp	California Form 801 RECEIVED OCT 20 2017 HUMAN RESOURCES OFFICE
Division, Department, or Region (if applicable) Statewide Integrated Water Management			
Street Address 901 P Street, Room 202			
Area Code/Phone Number 916 653-3937	Email kamyar.guivetchi@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Kamyar Guivetchi, Division Chief		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ CCEEB Other CA Council for Environmental Eco Balance

_____ Last Name _____ First Name _____ Name _____

101 Mission Street, Ste. 1440 San Francisco CA 94105

Address City State Zip Code

CCEEB - Summer Issues Seminar-Environmental and Economic Balance

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 Squaw Valley, CA 7/20-21/2017

Location of Travel Dates (month, day, year)

Self _____ Rail Air Bus Auto Other Squaw Creek Resort

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 368.14 \$ _____ \$ _____ \$ _____ \$ _____

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.

Invited by the CCEEB to speak at the seminar to represent DWR's Environmental and Regulatory Perspectives. One night lodging and meals provided.

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

Guivetchi	Kamyar	Division Chief/CEA	DWR/DSIWM
_____ 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

Eric Koch
Print Name

Deputy Director
Title

10/19/17
(month, day, year)

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

Clear Page