# Payment to Agency Report

## 1. Agency Name
- **California Natural Resources Agency**
- **Department of Water Resources - Division of Safety of Dams**
- **2200 X Street, Suite 200, Sacramento, CA 95818**
- **916-227-9800**
- **michael.waggoner@water.ca.gov**

## 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>N/A</th>
<th>N/A</th>
<th>Other</th>
<th>Pacific Gas and Electric Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>Name: Auberry</td>
</tr>
<tr>
<td>First Name</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>City: CA</td>
</tr>
<tr>
<td>Address</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>State: 93602</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment
- **Fresno County**
- **Location of Travel**
- **Dates (month, day, year): 11/15/16**
- **Pacific Gas and Electric Company**
- **Transportation Provider**
- **Rail**
- **Check Applicable Boxes**

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

### 3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Mangney</th>
<th>Andrew</th>
<th>Sup. Engineer, W.R.</th>
<th>DWR/DSOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mangney</th>
<th>Andrew</th>
<th>Sup. Engineer, W.R.</th>
<th>DWR/DSOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

## 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

1. Agency Name
CA Department of Water Resources
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
916-653-3937  kamyar.guivetchi@water.ca.gov

Agency Contact (name and title)
Kamyar Guivetchi, CEA, Division Manager

2. Donor Name and Address

- Individual [ ]
- Other [ ]

Last Name: Kamyar
First Name: Guivetchi
Address: 4-17-1 Wakasato
City: Nagano
State: Japan
Zip Code: 95814

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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Location of Travel: Tokyo & Nagano, Japan
JAL & Shinkansen
Transportation Provider: Rail

$625.00 Lodging Expenses
$200.00 Meal Expenses
$2,130.00 Transportation Expenses
$2,955.00 Total Expenses

3.1 (b) Payment(s) not related to travel:


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):

Guivetchi
Kamyar
CEA, Division Manager
DWR / DSIWM

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

Signature: Gary Bardini
Print Name: Deputy Director

Date: 12/23/16

Comment:

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

FPPC Form 801 (Jan/14)
device@fppc.ca.gov
**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:
916-227-9800
Agency Contact (name and title):
Michael Waggoner, Chief, Field Engineering Branch

**2. Donor Name and Address**

<table>
<thead>
<tr>
<th>Individual</th>
<th>N/A</th>
<th>N/A</th>
<th>Other</th>
<th>Pacific Gas &amp; Electric Company (PG&amp;E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 770000</td>
<td>San Francisco</td>
<td>CA</td>
<td>94177</td>
<td></td>
</tr>
</tbody>
</table>

**Power Generation**
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

**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:
PG&E
Transportation Provider:

<table>
<thead>
<tr>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$1,000.00</td>
<td>$0.00</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

**3.1 (b) Payment(s) not related to travel:**

<table>
<thead>
<tr>
<th>N/A</th>
<th>$0.00</th>
</tr>
</thead>
</table>

**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)

<table>
<thead>
<tr>
<th>Dhillon</th>
<th>Param</th>
<th>Senior Engineer, W.R.</th>
<th>DWR/DSOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Michael Waggoner
Field Branch Chief

Signature
Print Name
Title

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov
## Payment to Agency Report

### 1. Agency Name
California Natural Resources Agency
Department of Water Resources - Division of Safety of Dams

### 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>N/A</th>
<th>N/A</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO Box 770000</td>
<td>San Francisco</td>
<td>CA</td>
<td>94177</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

#### 3.1 (a) Travel Payment
Nevada County

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGE</td>
<td></td>
<td>10/11-12/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$1,000.00</td>
<td>$0.00</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

#### 3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimenez</td>
<td>Timothy</td>
<td>Engineer, W.R.</td>
<td>DWR/DSOD</td>
</tr>
</tbody>
</table>

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

Comment:
(Use this space or an attachment for any additional information)
## 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**
916-227-9800

**Email:**
michael.waggoner@water.ca.gov

**Agency Contact (name and title):**
Michael Waggoner, Chief, Field Engineering Branch

### 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>N/A</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>N/A</td>
<td>Name</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td>Name</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

#### 3.1 (a) Travel Payment

**Amador and Alpine**

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PG&amp;E</td>
<td>10/11/2017</td>
</tr>
</tbody>
</table>

**Transportation Provider**

<table>
<thead>
<tr>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
</table>

**Check Applicable Bases**

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$500.00</td>
<td>$0.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

#### 3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

#### 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)

<table>
<thead>
<tr>
<th>Holland</th>
<th>Eric</th>
<th>Engineer, W.R.</th>
<th>DWR/DSOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
</table>

### 4. Verification

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

**Signature:**
Michael Waggoner

**Print Name:**
Field Engineering Branch Chief

**Date:**
10/10/10

**Comment:**
(Use this space or an attachment for any additional information)
**Payment to Agency Report**

**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**
916-227-9800

**Email**
michael.waggoner@water.ca.gov

**Agency Contact (name and title)**
Michael Waggoner, Chief, Field Engineering Branch

---

### 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>N/A</th>
<th>N/A</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>N/A</td>
<td>N/A</td>
<td>Southern California Edison (SCE)</td>
</tr>
<tr>
<td>First Name</td>
<td>Rosemead</td>
<td>CA</td>
<td>91770</td>
</tr>
<tr>
<td>Address</td>
<td>1515 Walnut Grove</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>City</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Zip Code</td>
<td>916-227-9800</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Power Production**

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

**Power Production**

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

---

### 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

#### 3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inyo County</td>
<td>9/26/17</td>
</tr>
</tbody>
</table>

**SCE**

Transportation Provider

- Rail
- Air
- Bus
- Auto
- Other

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>$600.00</th>
<th>Transportation Expenses</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal Expenses</td>
<td>$0.00</td>
<td>Other Expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$600.00</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

#### 3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26/17</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

---

### 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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruz</td>
<td>Brandon</td>
<td>Senior Engineer, W.R.</td>
</tr>
</tbody>
</table>

---

### 4. Verification

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

**Signature**

Michael Waggoner

**Print Name**

Field Engineering Branch Chief

**Date**

10/17/17

---

**Comment:**

(Use this space or an attachment for any additional information)
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
   916-227-9800
   Email
   michael.waggoner@water.ca.gov

2. Donor Name and Address
   □ Individual N/A
   □ Other Pacific Gas & Electric Company (PG&E)
   N/A
   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.
   N/A
   If applicable, identify the name of each source and the amount(s) received by the donor for this payment:
   N/A
   Name
   Amount
   N/A
   Name
   Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
   3.1 (a) Travel Payment
   Location of Travel
   Amador and Alpine
   Transportation Provider
   PG&E
   □ Rail
   □ Air
   □ Bus
   □ Auto
   □ Other
   N/A
   Lodging Expenses
   $0.00
   Meal Expenses
   $0.00
   Transportation Expenses
   $500.00
   Other Expenses
   $0.00
   Total Expenses
   $500.00
   Dates (month, day, year)
   9/21/2017

   3.1 (b) Payment(s) not related to travel:
   N/A
   Amount
   $0.00
   Total Expenses
   $0.00
   Dates (month, day, year)

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)
   Holland
   Last Name
   Eric
   First Name
   Engineer, W.R.
   Position/Title
   DWR/DSOD
   Department/Division

   □ Individual
   □ Other
   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
   (Month, day, year)

   Comment:
   (Use this space or an attachment for any additional information)
1. Agency Name
California Natural Resources Agency
Department of Water Resources - Division of Safety of Dams
Street Address
2200 X Street, Suite 200, Sacramento, CA 95818
Area Code/Phone Number
916-227-9600
Agency Contact (name and title)
Michael Waggoner, Chief, Field Engineering Branch

2. Donor Name and Address
<table>
<thead>
<tr>
<th>Individual</th>
<th>N/A</th>
<th>N/A</th>
<th>□ Other</th>
<th>Nevada Irrigation District (NID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td>28311 Secret Town Road, Colfax,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CA 95713</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Nevada County</th>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9/12/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NID</th>
<th>Transportation Provider</th>
<th>□ Rail</th>
<th>□ Air</th>
<th>□ Bus</th>
<th>□ Auto</th>
<th>□ Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$1,500.00</td>
<td>$0.00</td>
<td>$1,500.00</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Amount</th>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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 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)

Jimenez
Last Name: Tim
First Name: Senior Engineer
Position/Title: DWR/DSOD
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

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov
Payment to Agency Report

1. Agency Name
   California Natural Resources Agency
   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

2. Donor Name and Address
   □ Individual  N/A  N/A  □ Other
   PO Box 770000  San Francisco  CA  94177

   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:
   N/A  $0.00  N/A  $0.00

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

   3.1 (a) Travel Payment
   Location of Travel
   Amador and Alpine

   Transportation Provider
   PG&E

   [ ] Rail  [ ] Air  [ ] Bus  [ ] Auto  [ ] Other

   Check Applicable Boxes
   $0.00  $0.00  $500.00  $0.00  $0.00

   Lodging Expenses  Meal Expenses  Transportation Expenses  Other Expenses

   Dates (month, day, year)
   09/12/2017

   Name of Lodging Facility
   N/A

   Total Expenses
   $500.00

   3.1 (b) Payment(s) not related to travel:
   N/A  $0.00

   Dates (month, day, year)

   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)

   Dhillon
   Last Name  Param  Senior Engineer, W.R.
   First Name  Post/Title

   DWR/DSOD
   Department/Division

6. Verification

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

   Michael Waggoner
   Signature
   (month, day, year)

   Field Engr. Branch Chief
   Title

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

   FPPC Form 801 (Jan/14)
   advice@fppc.ca.gov
**Payment to Agency Report**

1. **Agency Name**
   California Natural Resources Agency
   Department of Water Resources - Division of Safety of Dams
   2200 X Street, Suite 200, Sacramento, CA 95818

2. **Donor Name and Address**
   Name: Southern California Edison (SCE)
   Address: 1515 Walnut Grove, Rosemead, CA 91770
   Power Production

3. **Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**
   3.1 (a) Travel Payment
      Location of Travel: Fresno County
      Dates (month, day, year): 9/18/17
      SCE Transportation Provider
      Transportation Expenses:
      Rail: $0.00
      Air: $0.00
      Bus: $600.00
      Auto: $0.00
      Other: $0.00
      Total Expenses: $1,200.00

   3.1 (b) Payment(s) not related to travel:
      Dates (month, day, year): $0.00
      Total Expenses: $0.00

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)
   Cruz
   Last Name: Brandon
   First Name: Senior Engineer, W.R.
   DWR/DSOD: Department/Division

   Dhillon
   Last Name: Param
   First Name: Senior Engineer, W.R.
   DWR/DSOD: Department/Division

4. **Verification**
   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
   Michael Waggoner
   Date: Oct 18 2017

   Comment:
   (Use this space or an attachment for any additional information)
# Payment to Agency Report

## 1. Agency Name
- **Department of Water Resources**
- **Division, Department, or Region (if applicable)**
- **Statewide Integrated Water Management**

## 2. Donor Name and Address
- **CCEEB - Summer Issues Seminar - Environmental and Economic Balance**
- **Address:** 101 Mission Street, Ste. 1440, San Francisco, CA 94105
- **Email:** kamyar.guivetchi@water.ca.gov

## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment
- **Location of Travel:** Squaw Valley, CA
- **Dates (month, day, year):** 7/20-21/2017

#### Self
- **Transportation Provider:**
- **Rail:** □
- **Air:** □
- **Bus:** □
- **Auto:** □
- **Other:** □

#### Lodging Expenses
- **Name:** CA Council for Environmental Eco Balance
- **Amount:** $368.14

#### If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCEEB</td>
<td>$368.14</td>
</tr>
</tbody>
</table>

### 3.1 (b) Payment(s) not related to travel:

#### Dates (month, day, year)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guivetchi</td>
<td>Kamyar</td>
<td>Division Chief/CEA</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
</tr>
</tbody>
</table>

### 4. Verification

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Koch</td>
<td></td>
<td>Deputy Director</td>
</tr>
</tbody>
</table>

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