Agency Name				Date Sta	amp .	California o
California Natural Resource	es Agency			4.19. D. B.		Form O
Division, Department, or Re	gion (if applicable)		19	H JAN 13	27, 9 : 1	For Official Use On
Department of Water Reso	ources - Division of S	afety of Dams				
Street Address						
2200 X Street, Suite 200, S	Sacramento, CA 95	818				
Area Code/Phone Number	Email				ant (explain)	in comment section)
916-227-9800	michael.waggone	r@water.ca.gov		_		
Agency Contact (name and title))			Date of Origin	al Filing:	(month day year)
Michael Waggoner, Chief,	Field Engineering Bi	ranch				(monin, day, year)
Donor Name and Addr	ess	-		· · ·		
Individual N/A	N/A	L .	[∕] Other	Pacific Gas	and Elec	tric Company
Last Name	First 1		[H] O files			Name
33755 Old Mill Road		Auda a series of			CA	93602
		Auberry				
Address		City			State	Zip Code
Address Hydroelectric Power Gene		City	rests.			
Address Hydroelectric Power Gene If "Other" is marked, describe the entit	y's business activity (if busine identify the name of ea	City ess) or its nature and inter ach source and the a		ceived by the Name	State	Zip Code
Address Hydroelectric Power Gene If "Other" is marked, describe the entite If applicable, N/A	y's business activity (if busine identify the name of ea 	City ess) or its nature and inter ach source and the Amount	amount(s) re N/A		State	Zip Code this payment:
Address Hydroelectric Power Gene If "Other" is marked, describe the entit If applicable, N/A Name Payment Information (1	y's business activity (if busine identify the name of ea 	City ess) or its nature and inter ach source and the a Amount os 3.1 (a or b), 3	amount(s) re N/A		State	Zip Code this payment:
Address Hydroelectric Power Gene If "Other" is marked, describe the entite If applicable, N/A	y's business activity (if busine identify the name of ea <u>\$0.00</u> Complete Section Fresno County	City ess) or its nature and inter ach source and the a Amount os 3.1 (a or b), 3	amount(s) re N/A		State donor for 11/15/1	Zip Code this payment:
Address Hydroelectric Power Gene If "Other" is marked, describe the entit If applicable, N/A Name Payment Information (1	y's business activity (if busine identify the name of ea <u>\$0.00</u> Complete Section Fresno County	City ess) or its nature and inter ach source and the a Amount is 3.1 (a or b), 3 f occation of Travel	amount(s) re N/A 2, 3.3)	Name	State donor for 11/15/1	Zip Code this payment: <u>0.00</u> Amount
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Address Hydroelectric Power Gene If "Other" is marked, describe the entity If applicable, N/A Name Payment Information (I 3.1 (a) Travel Payment Pacific Gas and Electric C	y's business activity (if busine identify the name of ea <u>\$0.00</u> Complete Section Fresno County	City Ess) or its nature and inter ach source and the Amount IS 3.1 (a or b), 3 Coation of Travel [7] Air 🔲 Bus	amount(s) re N/A .2, 3.3) 6	Name	State donor for 1 11/15/1 N/A	Zip Code this payment:
Address Hydroelectric Power Gene If "Other" is marked, describe the entite If applicable, N/A Name Payment Information (1 3.1 (a) Travel Payment Pacific Gas and Electric C Transportation Provider	v's business activity (if busine identify the name of ea <u>\$0.00</u> Somplete Section Fresno County ompany	City Each source and the a Amount IS 3.1 (a or b), 3 Cocation of Travel Check Applicable Box	amount(s) re N/A 2, 3.3) 6	Name	donor for t	Zip Code this payment:
Address Hydroelectric Power Gene If "Other" is marked, describe the entite If applicable, N/A Name Payment Information (I 3.1 (a) Travel Payment Pacific Gas and Electric C Transportation Provider \$0.00	v's business activity (if busine identify the name of ea <u>\$0.00</u> Complete Section Fresno County ompany S <u>0.00</u> Meal Expenses	City city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city city c	amount(s) re N/A 2, 3.3) 6	Name Name Other Other Other Other Other	donor for t	Zip Code this payment: <u><u><u></u><u></u><u>0.00</u> Amount 6 Dates (month, day, year) Jame of Lodging Facility <u>100.00</u></u></u>
Address Hydroelectric Power Gene If "Other" is marked, describe the entite If applicable, N/A Name Payment Information (1 3.1 (a) Travel Payment Pacific Gas and Electric C Transportation Provider \$ 0.00 Lodging Expenses	v's business activity (if busine identify the name of ea <u>\$0.00</u> Complete Section Fresno County ompany S <u>0.00</u> Meal Expenses	City Each source and the source and	amount(s) re N/A .2, 3.3) 6 Auto es enses	Name Name Other Other Other Other State	State donor for 1 11/15/1 N/A	Zip Code this payment: <u><u><u></u><u></u><u>0.00</u> Amount 6 Dates (month, day, year) Jame of Lodging Facility <u>100.00</u></u></u>

(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)

Mangney	Andrew	Sup. Engineer, W.R.	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Verification			
		in an all shows the EDDO and all	
	ance of the reported payment(s) as Michael Wagg	s in compliance with FPPC regulation of the second se	lations.

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



FPPC Form 801 (Jan/14) advice@fppc.ca.gov

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Payment to Agency R	epoir	A Public Do	cument		PA	YMENT TO A	GENCY REPORT
1. Agency Name				Date Sta		Californ	
CA Department of Water R	lesources					Form	001
Division, Department, or Reg	gion (if applicable)		1	. OLL EJ	Pro Pris	 For Offici 	al Use Only
Division of Statewide Integr	rated Water Manage	ement					
Street Address							
901 P Street, Room 202, S	acramento, CA 958	314					
Area Code/Phone Number	Email				nt (evolain in (comment section	(au
916-653-3937	kamyar.guivetchi@	@water.ca.gov		_			
Agency Contact (name and title)				Date of Origin	al Filing:	(month day)	(ear)
Kamyar Guivetchi, CEA, Di	ivision Manager					(month, day, j	(car)
2. Donor Name and Addre	ess —		•				
🗌 Individual			Other	Shinshu Univ	/ersity, Na	gano, J <mark>ap</mark> a	an
Last Name	First N				Nar	ne	
4-17-1 Wakasato		Nagano			Japan		
Address		City			State	Zip Code	
Academia institute of hig						_	
If "Other" is marked, describe the entity							
If applicable, i	identify the name of ea			ceived by the c	lonor for thi	s payment:	
If applicable, i				ceived by the o	lonor for thi	s payment:	Amount
	identify the name of ea	Amount	amount(s) re	-	lonor for thi	s payment:	Amount
Name 3. Payment Information (C	identify the name of ea	Amount	amount(s) re	-	lonor for thi 11 / 12 - 1	5	Amount
Name	identify the name of ea \$ Complete Section Tokyo & Nagar	Amount	amount(s) re	-	11/12-1	5	
Name 3. Payment Information (C	Identify the name of each identify the name	Amount s 3.1 (a or b), 3 no, Japan ocation of Travel	amount(s) re .2, 3.3)	Name	11 / 12 - 1 Dat	5	year)
Name 3. Payment Information (C 3.1 (a) Travel Payment	identify the name of ea \$ Complete Section Tokyo & Nagar	Amount S 3.1 (a or b), 3	amount(s) re .2, 3.3)	Name	11 / 12 - 1 Dat Lohas, CI	19 / 2016 es (month, day	_{year)} a, Dormy
Name 3. Payment Information (C 3.1 (a) Travel Payment JAL & Shinkansen	Identify the name of each identify the name	Amount S 3.1 (a or b), 3 no, Japan postion of Travel Air 🔲 Bus	amount(s) re .2, 3.3)	Name	11 / 12 - 1 Dat Lohas, CI	19 / 2016 es (month. day hisun, Kiriy	_{year)} a, Dormy
Name 3. Payment Information (C 3.1 (a) Travel Payment JAL & Shinkansen Transportation Provider	Identify the name of ea	Amount S 3.1 (a or b), 3 no, Japan cation of Travel Air Bus Check Applicable Box	amount(s) re .2, 3.3) s □ Auto	Name	11 / 12 - 1 Dat Lohas, CI	19 / 2016 es (month. day hisun, Kiriy he of Lodging F	year) a, Dormy acility
Name 3. Payment Information (C 3.1 (a) Travel Payment JAL & Shinkansen Transportation Provider \$ 625.00 \$	Complete Section Tokyo & Nagar La 200.00 Meal Expenses	Amount	amount(s) re .2, 3.3) s □ Auto	Name	11 / 12 - 1 Dat Lohas, CI	19 / 2016 es (month. day hisun, Kiriy he of Lodging F 2,955.00	year) a, Dormy acility

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		DWR / DSIWM
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
. Verification	ce of the reported payment(s) as	in compliance with FPPC regula	ations.
All BEDB	Gary Bardini	Deputy Director	12,23,16
Signature	Print Name	Title	(month, day, year)

Comment:

Payment to Agency F	Report	A Public D)ocument			AYMENT TO AGENCY REPOR
1. Agency Name				Date Sta	mp	California 001
California Natural Resource	ces Agency					Form OUI
Division, Department, or Re	egion (if applicable)		11	17 FE3 =2	.10- h	For Official Use Only
Department of Water Res	ources - Division of S	afety of Dams				
Street Address						
2200 X Street, Suite 200,	Sacramento, CA 958	318				
Area Code/Phone Number	Email					
916-227-9800	michaelwaggonen	@water.ca.gpv	1	_		comment section)
Agency Contact (name and title	2)			Bate of Origina	l Filing:	d'd'T
Michael Waggoner, Chief,	Field Engineering Br	anch				(month, day, year)
2. Donor Name and Addr	ess					• =•
Individual_N/A	N/A		. 🗹 Other	Pacific Gas 8	Electric	Company (PG&E)
Last Name	First N	lame			N	ame
PO Box 770000		San Francisc	0		CA	94177
Address		City			State	Zip Code
Power Generation						
If "Other" is marked, describe the entite If applicable, N/A	, identify the name of ea			eceived by the d	onor for th	nis payment: est: 0.00
Name		Amount		Name		Amount
3. Payment Information (Complete Section	s 3.1 (a or b),	3.2, 3.3)			
3.1 (a) Travel Payment	Amador, Alpine			_		0/31, (2016)
	Lo	ocation of Travel			Da	ates (month, day, year)
PG&E	🔄 🖂 Rail	🖂 Air 🗖 🗄	ius Dawk	3 🗆 Other	N/A	
Transportation Provider		Sheek Applicable E	0¥85		Né	me of Lodging Facility
0.00 \$	<u>0.00</u>	.11,0000.00	3	0.00		a_1,000.00
Lodging Expenses	Meal Expenses	Transportation E		Other Expenses		Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		N/A	<u></u>	0.00	
			Dates (month, o	lay, year)		Total Expenses
3.2. Payment Description	n. Provide a specifi	c description	of the payme	ent and its ag	ency pu	pose 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	Param	Senior Engineer, W.R.	DWR/DSOD
Last Name	FilisattNearrae	Prossálkábn/7711088	Department/Division
Last Name	First Name	Position/Title	Department/Division
4. Vveifitietition			
Michael Wagg	ce of the reported payment(s) as i Michael hagad	e 10 1 11	met 1/31/17
Signature //	Print Nation	Title	(month, day, year)

Comment:



Payment to Agency F	Report	A Public D	ocument	t	PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stamp	California 201
California Natural Resource	ces Agency			017-	Form OVI
Division, Department, or Re	egion (if applicable)			2016 OCT 1 9 AM	For Official Use Only
Department of Water Rese	ources - Division of	Safety of Dams		Caro Con 1 2 Hit	8:30
Street Address				1	
2200 X Street, Suite 200,	Sacramento, CA 95	5818			
Area Code/Phone Number	Email			Amendment (expla	it is commont costing)
916-227-9800	michael.waggone	er@water.ca.gov			in in comment section)
Agency Contact (name and tille	e)			Date of Original Filing	:(month, day, year)
Michael Waggoner, Chief,	Field Engineering E	Branch			(month, day, year)
2. Donor Name and Addr	ess				
🗌 Individual	N//	4	Other	Pacific Gas & Elect	ric Company (PG&E)
Last Name	First	Name	_		Name
PO Box 770000		San Francisc	0	CA	94177
Address		City		State	Zip Code
Power Generation					
If "Other" is marked, describe the entited of the entities of the entits of the entities of the entities of the entities of the entits o		ach source and th		eceived by the donor fo	r this payment: \$ <u>0.00</u>
3. Payment Information (Complete Section	ns 3.1 (a or b).	3.2.3.3)		
3.1 (a) Travel Payment	Nevada Coun			10/11	-12/2016 Dates (month, day, year)
PGE				o Dothor N/A	bales (month, day, year)
Transportation Provider	Rail	Check Applicable 8	—	o ☐ Other	Name of Lodging Facility
± 0.00	¢ 0.00	1,000.00		0.00	1,000.00
Dodging Expenses	Meal Expenses	Transportation E	φ. (penses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		N/A	\$ 0.00	
			Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	n. Provide a speci	fic description (of the paym	ent and its agency p	ourpose 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)

Timothy	Engineer, W.R.	DWR/DSOD
First Name	Position/Title	Department/Division
First Name	Position/Title	Department/Division
	First Name	First Name Position/Title

4. Verification

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

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14) advice@fppc.ca.gov

Payment to Agency Report

A Public Document

I. Agency Name				
• •			Date Sta	
California Natural Resourc				Form
Division, Department, or Re	gion (if applicable)			
Department of Water Reso	ources- Division of S	afety of Dams		OCT 1 8 2017
Street Address				
2200 X Street, Suite 200, S	Sacramento, CA 958	318		HUMAN RESOURCES OFFI
Area Code/Phone Number 916-227-9800	Email michael.waggone	r@water.ca.gov	Amendme	nt (explain in comment section)
Agency Contact (name and title) Michael Waggoner, Chief,		ranch	Date of Origina	(month, day, year)
. Donor Name and Addre	255			
🗖 Individual 🛄	N/A	<u> </u>	ther Paerfie Gas	Electric Company (PG&E)
Last Name	First I	Name		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 busine	ess) or its nature and interests,		
25		ach source and the amoun	t(s) received by the d	
N/A	0.00	<u>N/A</u>		<u>\$\$</u> 0.00
Name	,	Amount	Name	Amount
PG&E Transportation Provider	🖻 Rail	Air 🖻 Bus 🖻 Check Applicable Boxes .5000.00	Awute ⊟ Other "01.00	N/A Name of Lodging Facility 500.00
\$ <u></u>	0.00	5		Tabul Downson
\$ Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
<u>\$</u>	Meal Expenses	Transportation Expenses N/A	\$	0.00
Subject Street S	Meal Expenses	Transportation Expenses N/A Dates (m	onth, day, year)	0.00 Total Expenses
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 Lodging Expenses 3.1 (b) Payment(s) not re 3.2. PaymentDescription Helicopter travel was of under State jurisdiction organizations and is ge 3.3. Iddentifyttheoofficialist Holland 	Meal Expenses lated to travel: n. Proviiteasspecifi offered by PG&E n for dam safety. enerally a safer r whoussettthepage Eric	Transportation Expenses N/A Dates (m ficctlesscription of the pr to expedite travel to The use of a helico node of transportation meentinessection 3311 (see Engine	§ onth, day, year) agymeentaandiiitsaage o jointly inspect o pter is more effic on to dams with enisetruddiges) er, W.R.	0.00 Total Expenses Total Expenses Tempy purposse and usse. dams in remote areas cient for both limited road access. DWR/DSOD
Lodging Expenses 3.1 (b) Payment(s) not re 3.2. HaymentDescription Helicopter travel was o under State jurisdiction organizations and is go 3.3. Iddentifyttheoofficialso Holland Last Name Last Name I authorized the acceptance	Meal Expenses Iated to travel: In. Proviiteasspectfi offered by PG&E n for dam safety. enerally a safer r withoussettittepagy Eric First Name	Transportation Expenses N/A Dates (m ficctlesscription off the pr to expedite travel to The use of a helico meentin Section 33:11 (%se Engine	§ agymentamblitisage o jointly inspect o pter is more efficient of dams with anisetructions) er, W.R. Position/Title Position/Title	0.00 Total Expenses Total Expenses Terrogypurpossearntlusse. dams in remote areas cient for both limited road access. DWR/DSOD Department/Division
Subset of the second se	Meal Expenses Iated to travel: In. Proviiteasspectfi offered by PG&E n for dam safety. enerally a safer r withoussettittepagy Eric First Name	Transportation Expenses N/A Dates (m ficctlesscription off the pr to expedite travel to The use of a helico meentin Section 33:11 (%se Engine	§ agymentamblitisage o jointly inspect o pter is more efficient of dams with anisetructions) er, W.R. Position/Title Position/Title	0.00 Total Expenses Total Expenses Total Expenses Temogypurposseamblusse. The second s

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A Public Docume	nt -	
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1. Agency Name California Natural Resource	eport A Pub	lic Documen	IL	PAYMENT TO AGENCY REPORT
California Natural Resource			Date Stamp	California QO1
	es Agency			Form OU I
Division, Department, or Reg	jion (if applicable)		-	REGENED
Department of Water Reso	urces - Division of Safety of D	ams		OCT 1 8 2017
Street Address				001 1 0 2017
2200 X Street, Suite 200, S	Sacramento, CA 95818			UMAN RESOURCES OFFICE
Area Code/Phone Number	Email			plain in comment section)
916-227-9800	michael.waggoner@water.	ca.gov	-	
Agency Contact (name and title)			Date of Original Fili	ng:(month, day, year)
Michael Waggoner, Chief, I	Field Engineering Branch			
2. Donor Name and Addre	ess			
☐ Individual	N/A	I Other	Southern Californ	
Last Name	First Name		СА	Name 01770
1515 Walnut Grove	City		State	91770 Zip Code
Power Production				
	's business activity (if business) or its nati	ire and interests.		
5 A.	identify the name of each source		received by the donor	for this payment:
N/A	30.00	N/A		\$ 0.00
Name	Amount		Name	Amount
SCE Transportation Provider	Location of Tra	🗌 Bus 🗌 Au	ito □ Other <u>N/A</u>	Dates (month, day, year)
_ 0.00	0.00 600	Dicable Boxes	0.00	600.00
Lodging Expenses	<u> </u>	rtation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re		N/A	\$ 0.00)
on (b) i aynicht(b) notic		Dates (month	······································	Total Expenses
3.2. Payment Description	. Provide a specific descri	otion of the payn	nent and its agency	purpose and use.
State jurisdiction for dation is generally a safer mo	offered by SCE to expedi am safety. The use of a l ode of transportation to d who used the payment in Se	nelicopter is mo ams with limite	ore efficient for bo ad road access.	
	Brandon			DWR/DSOD
Cruz	First Name		sition/Title	Department/Division
				Departmentosmolor
Lastitanio				
Last Name	First Name	Pc	osition/Title	Department/Division



P 1

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---	---	---	---	---	---	---	---	---	---	---	---	----	----	---	--

Agency Name California Natural Resources Ag Division, Department, or Region (Department of Water Resources Street Address 2200 X Street, Suite 200, Sacra Area Code/Phone Number 916-227-9800 Agency Contact (name and title) Michael Waggoner, Chief, Field Donor Name and Address Michael Waggoner, Chief, Field Donor Name and Address Onor Name and Address Power Generation f "Other" is marked, describe the entity's busic	if applicable) s- Division of S mento, CA 958 ail chael.waggone Engineering B N/A First I	318 r@water.ca.gov ranch	[7] Other	Date of Original Filir	(month, day, year) ctric Company (PG&E) Name
Division, Department, or Region (Department of Water Resources Street Address 2200 X Street, Suite 200, Sacra Area Code/Phone Number 916-227-9800 Agency Contact (name and title) Michael Waggoner, Chief, Field Donor Name and Address Individual N/A Last Name PO Box 770000 Address Power Generation	if applicable) s- Division of S mento, CA 958 ail chael.waggone Engineering B N/A First I	318 r@water.ca.gov ranch Name San Francisc	[7] Other	Date of Original Filir Pacific Gas & Elec	RECEIVE OCT 1 6 2017 Defin in comment section, CES OFF ng:
Department of Water Resources Street Address 2200 X Street, Suite 200, Sacra Area Code/Phone Number 916-227-9800 Agency Contact (name and title) Michael Waggoner, Chief, Field Donor Name and Address I Individual N/A Last Name PO Box 770000 Address Power Generation	s- Division of S mento, CA 958 ail chael.waggone Engineering B N/A First I	318 r@water.ca.gov ranch Name San Francisc	[7] Other	Date of Original Filir Pacific Gas & Elec	OCT 1 6 2017
Street Address 2200 X Street, Suite 200, Sacra Area Code/Phone Number 916-227-9800 Agency Contact (name and litte) Michael Waggoner, Chief, Field Donor Name and Address I (ndividual N/A Last Name PO Box 770000 Address Power Generation	mento, CA 958 ail chael.waggone Engineering B N/A First I	318 r@water.ca.gov ranch Name San Francisc	[7] Other	Date of Original Filir Pacific Gas & Elec	OCT 1 6 2017
2200 X Street, Suite 200, Sacra Area Code/Phone Number 916-227-9800 Agency Contact (name and title) Michael Waggoner, Chief, Field Donor Name and Address I (Individual N/A Last Name PO Box 770000 Address Power Generation	ail chael.waggone Engineering B N/A First I	r@water.ca.gov ranch Name San Francisc	[7] Other	Date of Original Filir Pacific Gas & Elec	ctric Company (PG&E)
Area Code/Phone Number Em 916-227-9800 mid Agency Contact (name and litte) Michael Waggoner, Chief, Field Donor Name and Address I Individual N/A Last Name PO Box 770000 Address Power Generation	ail chael.waggone Engineering B N/A First I	r@water.ca.gov ranch Name San Francisc	[7] Other	Date of Original Filir Pacific Gas & Elec	ng:
916-227-9800 mid Agency Contact (name and litte) Michael Waggoner, Chief, Field Donor Name and Address I (ndividual <u>N/A</u> Last Name PO Box 770000 Address Power Generation	chael.waggone Engineering B N/A First I	ranch Name San Francisc	[7] Other	Date of Original Filir Pacific Gas & Elec	ng:
Agency Contact (name and litte) Michael Waggoner, Chief, Field Donor Name and Address Individual N/A Last Name PO Box 770000 Address Power Generation	Engineering B N/A First I	ranch Name San Francisc	[7] Other	Date of Original Filir Pacific Gas & Elec	ng:
Michael Waggoner, Chief, Field Donor Name and Address Individual N/A Last Name PO Box 770000 Address Power Generation	N/A First I	Name San Francisc		Pacific Gas & Elec	(month, day, year) ctric Company (PG&E) Name
☐ Individual <u></u>	First	Name San Francisco		· · · · · · · · · · · · · · · · · · ·	Name
PO Box 770000 Address Power Generation	First	Name San Francisco		· · · · · · · · · · · · · · · · · · ·	Name
Last Name PO Box 770000 Address Power Generation		San Francisco		CA	
Address Power Generation			0		
Power Generation		Quy		Stale	94177 Zip Code
				Q(die	th cone
If "Other" is marked, describe the entity's busin					
N/A	fy the name of ea <u>\$</u> 0.00		e amount(s) r N/A	eceived by the donor	for this payment:
Name	\$	Amount		Name	Amount
Payment Information (Com			3.2, 3.3)	0/01	10047
3.1 (a) Travel Payment	Amador and A			- 9/21	/2017
DONE	L	ocation of Travel			Dates (month, day, year)
PG&E Transportation Provider	🔄 🗌 Rail	🖾 Air 🗋 8		o 🗍 Other N/A	Name of Lodging Facility
		Check Applicable B		0.00	500.00
\$\$\$	al Expenses	Transportation Ex	Chenses	0.00 Other Expenses	Total Expenses
		rtunaportu(ion ex	N/A	\$ 0.00	
3.1 (b) Payment(s) not related	to travel.		Dates (month,		Total Expenses
3.2. Payment Description, Pro	ovide a specif	ic description o			purpose and use.
Helicopter travel was offere					
under State jurisdiction for					
organizations and is gener	ally a safer r	node of trans	portation t	o dams with limi	ted road access.
3.3. Identify the officials who	used the payn	nent in Section	3.1 (See instru	ictions)	
Holland	Eric		Engineer, V	V.R.	DWR/DSOD
Last Name	First Name	9	Pos	ition/Title	Department/Division
Last Name	First Name	ė	Pos	ition/Tille	Department/Division
Varifiaation					
Verification					
authorized the acceptance of th	le reported pay	ment(s) as in co	mpliance wi	IN FPPC regulation	s.

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

FPPC Form 801 (Jan/14) advice@fppc.ca.gov

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPORT			
Agency Name			Date Stamp	California Q01			
California Natural Resource	es Agency			Form DVI			
Division, Department, or Reg	gion (if applicable)		2	For Official Use Only			
Department of Water Reso	urces - Division of Safety of Dam	4	1 E WG 8 Z 4 - T 87 E F 81				
Street Address							
2200 X Street, Suite 200, S	Sacramento, CA 95818						
Area Code/Phone Number	Email		Amendment (explain	in comment section)			
916-227-9800	michael.waggoner@water.ca.g	lov		in comment section)			
Agency Contact (name and title)			Date of Original Filing:				
Michael Waggoner, Chief,	Field Engineering Branch			(monut, day, year)			
Donor Name and Addre	ess						
□ Individual <u>N/A</u>	N/A	Other	Nevada Irrigation Dis	strict (NID)			
Last Name	First Name			Name			
28311 Secret Town Road	Colfax		CA	95713			

City

0.00

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:

NI/A

Dates (month, day, year)

	\$	<u> </u>			\$\$
Name		Amount	Name		Amount
3. Payment Informati	on (Complete Section	is 3.1 (a or b), 3.2,	3.3)		
3.1 (a) Travel Payme	nt Nevada Count	у		9/12/2	017
	L	ocation of Travel			Dates (month, day, year)
NID	Rail	🖂 Air 🔄 Bus	□ Auto □ Other	N/A	
Transportation Pr		Check Applicable Boxes			Name of Lodging Facility
¢ 0.00	¢ 0.00	€ 1,500.00	0.00		€ 1,500.00
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expense	s	Total Expenses
3.1 (b) Payment(s) n	ot related to travel:	N/A	A Contraction of the second seco	\$ 0.00	

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)

Jimenez	Tim	Senior Engineer	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
4. Verification I authorized the accepta	ince of the reported payment(s) as	in compliance with FPPC reg	ulations.
Hished Warner	Michael Hagaone Printe Name	r Field Fighteering	Brench Ch. F 10/20/19 (month, day, year)
Commont			

Comment:

Address

NI/A

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



FPPC Form 801 (Jan/14) advice@fppc.ca.gov

95713

Zip Code

0.00

Total Expenses

State

Payment to Agency Re	eport	A Public Do	cument			PAYMENT TO AGENCY REPORT
1. Agency Name			-	Date St	aphp	California 004
California Natural Resource	s Agency		1 m	ECE	IVE	Form OUI
Division, Department, or Reg	ion (if applicable)		ju	152 00 E	1 0 05	For Official Use Only
Department of Water Resou	irces - Division of Sa	fety of Dams		COT OF	2017	(D)
Street Address			Ц	1		+
2200 X Street, Suite 200, Si	acramento, CA 9581	8		IUMAN RESO	JRCES OF	TICE
Area Code/Phone Number	Email		ſ		ent (explain i	in comment section)
916-227-9800	michael.waggoner@	@water.ca.gov				
Agency Contact (name and title)				Date of Origin	al Filing: _	(month, day, year)
Michael Waggoner, Chief, F	ield Engineering Bra	nch				(month, day, year)
2. Donor Name and Addres	55					· · · · ·
☐ Individual <u></u>	N/A		[7] Other	Pacific Gas	& Electric	Company (PG&E)
Last Name	First Na		V Ciller		N	lame
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 inter	ests.			
If applicable, ic	lentify the name of eac	h source and the a	amount(s) re	eceived by the (donor for t	his payment:
N/A			√A	,		\$ 0.00
Name	\$ <u></u> A	mount		Name		\$ Amount
3. Payment Information (C			.2. 3.3)			
3.1 (a) Travel Payment	Amador and Alp		, ,		09/12/2	017
		ation of Travel		-		ates (month, day, year)
PG&E	🗖 Rail	Mair ⊟ Bus	Auto	D Other	N/A	
Transportation Provider		Check Applicable Boxe	_		N	ame of Lodging Facility
0.00	0.00	. 500.00		0.00		_₽ 500.00
ააა Lodging Expenses აა	Meal Expenses	ক Transportation Expe	nses \$.	Other Expenses		⊅ Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		N/A	9	0.00	
		ī	Dates (month, c			Total Expenses
3.2. Payment Description.	Provide a specific	description of	the payme	ent and its ag	ency pu	rpose and use.
Helicopter travel was of	•		-			
under State jurisdiction						
organizations and is ge	nerally a saler me	oue of transpo	Juation to	o dams with	immed	road access.

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

Dhillon	Param	Senior Engineer, W.R.	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
. Verification			
I authorized the accepta	nce of the reported payment(s) as in a Michael Wagederer	compliance with FPPC regulation File Engr. Branch	ations. <u>()</u> ; pF <u>9</u> ,

(month, day, year)

Comment:

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

Signatu/e//



FPPC Form 801 (Jan/14) advice@fppc.ca.gov

Pay

Payment to Agency R	eport	A Public D	ocument)			PAYMENT TO AGENCY REPORT
1. Agency Name				Date Starr	ıp	California
California Natural Resource	es Agency					- Form OVI
Division, Department, or Reg	gion (if applicable)			1		- Contaction Voltander
Department of Water Reso	urces - Division of S	afety of Dams				OCT 1 8 2017
Street Address				1		
2200 X Street, Suite 200, S	Sacramento, CA 958	18			LICE	
Area Code/Phone Number	Email					in comment section)
916-227-9800	michael.waggoner	@water.ca.gov	1		r (expirin	in comment sectory
Agency Contact (name and title)				Date of Original	Filing:	(month, day, year)
Michael Waggoner, Chief,	Field Engineering Br	anch				(monal, day, youry
2. Donor Name and Addre	ss		-			
☐ Individual <u></u>	N/A		. 🔽 Other	Southern Cali	fornia E	dison (SCE)
Last Name	First N					Name
1515 Walnut Grove		Rosemead			CA	91770
Address		City		\$	State	Zip Code
Power Production						
If "Other" is marked, describe the entity	's business activity (if busine:	ss) or its nature and i	nterests.			
If applicable, i	identify the name of ea	ch source and th	ne amount(s) re	eceived by the do	onor for	this payment:
N/A	.000		N/A			€ 0.00
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	Fresno County				9/18/17	
,	Lc	ocation of Travel				Dates (month, day, year)
SCE	🗂 Rail	🕢 Air 🛄 E	Bus 🔲 Auto	o □ Other	N/A	
Transportation Provider		Check Applicable I			Ν	lame of Lodging Facility
.0.00	0.00	600.00	¢	0.00		\$ 1,200.00
Lodging Expenses	Meal Expenses	Transportation E	φ. xpenses	Other Expenses		Total Expenses
3.1 (b) Payment(s) not re	lated to travel:		N/A	\$	0.00	
			Dates (month, o	lay, 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 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	Brandon	Senior Engineer, W.R.	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division
Dhillon	Param	Senior Engineer, W.R.	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division

4. Verification

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

LHAINERIAN B Signature (month, day, yea

Comment:



Payment to Agency I	Report A Public	Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 004
Department of Water Res	ources			Form OUI
Division, Department, or Re	egion (if applicable)			FE@#WPD
Statewide Integrated Wat	er Management			
Street Address				OCT 2 0 2017
901 P Street, Room 202				
Area Code/Phone Number	Email		-	HUMAN RESOURCES OFFICE
916 653-3937	kamyar.guivetchi@water.ca.go	ον	Amendment (exp	lain in comment section)
Agency Contact (name and title	, , , ,		Date of Original Film	ıg:
Kamyar Guivetchi, Divisio				(month, day, year)
2. Donor Name and Addr			CA Council for En	vitenmentel Fee Beleese
Individual	CCEEB	🖸 Other		vironmental Eco Balance
Last Name 101 Mission Street, Ste. 1	First Name 1440 San Franc	risco	CA	Name 94105
Address	City		State	Zip Code
CCEEB - Summer Issues	Seminar-Environmental and Eco	nomic Balance		·
	ity's business activity (if business) or its nature a			
	,			
If applicable	, identify the name of each source an	d the amount(s) re	ceived by the donor	for this payment:
	¢			¢
Name	φAmount		Name	Φ Amount
3. Payment Information (Complete Sections 3.1 (a or	b), 3.2, 3.3)		
	Squaw Valley, CA	-,, •,,	7/20	-21/2017
3.1 (a) Travel Payment	Location of Travel			Dates (month, day, year)
Self			Sau	aw Creek Resort
Transportation Provider		🗌 Bus 🛛 Auto	Other Squa	Name of Lodging Facility
368.14	Check Applica	Die Doxes		
Lodging Expenses	S Meal Expenses Transportation	on Expenses \$_	Other Expenses	S Total Expenses
			¢	
3.1 (b) Payment(s) not r		Dates (month, da	ay, year)	Total Expenses
2.2 Payment Descriptio	n. Provide a specific description			purpass and use
-	B to speak at the seminar to	•	'R's Environmer	ntal and Regulatory
Perspectives. One ni	ght lodging and meals provi	ided.		
3.3. Identify the officials	who used the payment in Sect	ion 3.1 (See instruc	tions)	
Guivetchi	Kamyar	Division Chie		DWR/DSIWM
Lasi Name	First Name		ion/Title	Department/Division
Lost Hame		Foar		Department Division
Last Name	First Name	Posit	tion/Title	Department/Division
Varification				
4. Verification	• ••			
I authorized the acceptance	e of the reported payment(s) as in	n compliance wit	h FPPC regulation	S.
h/Mar /	Eric Koch	Reality Deput	y Director	10/19/17
Signature	Print Name	~	Title	(month, day, year)
Comment				
Comment:	t for any additional information			
(Use this space or an attachment	(for any additional information)			EPBC Form 201 (lan/1)

Payment to Agency R	eport	A Public Docu	ument		PAYMENT TO AGENCY REPORT
1. Agency Name			KLC . Vi Date	e Stamp	California 001
California Natural Resource	es Agency	D	WIR: YSO NE	L.	Form OUI
Division, Department, or Reg	Jion (if applicable)	taik	CO 21 DU -	ar.	For Official Use Only
Department of Water Reso	urces - Division of S	afety of Dams	are to i-	L	
Street Address					
2720 Gateway Oaks Drive,	Sacramento CA 95	833			
Area Code/Phone Number	Email			aline much das at at a	1
916-565-7820	melissa.collord@v	vater.ca.gov	L Amen	ament (explain	in comment section)
Agency Contact (name and title)	I		Date of Or	iginal Filing:	
Melissa Collord, Central Re	∋gional Engineer, Fi∉	eld Engineering Brar	nch		(month, day, year)
2. Donor Name and Addre	ss				
☐ Individual	N/A	L2	Other Pacific G	as & Electri	с Company (PG&E)
Lasi Name	First N	lame			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 busine	ss) or its nature and interests	5.		
If applicable, i	identify the name of ea	ch source and the am	ount(s) received by t	he donor for	this payment:
N/A	0.00	N/A	4		0.00
Name	\$0.00	Amount	Name		5Amount
3. Payment Information (C	Complete Section	c 2 1 (c or b) 2 2	2.21		
	Nevada County		, 3.37	07/16/2	2010
3.1 (a) Travel Payment		cation of Travel			Dates (month, day, year)
PG&E				N1/A	Deles (month, day, year)
Transportation Provider	🖸 Rail	Air Bus Check Applicable Boxes	🗋 Auto 🔲 Othe	er <u>N/A</u>	Name of Lodging Facility
_ 0.00	0.00	1,000.00	. 0.00		, 1,000.00
SS	Meal Expenses	Transportation Expense	3.	nses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	N//	Α.	\$ 0.00	
		Date	es (month, day, year)	¥	Total Expenses
3.2. Payment Description	Provide a specifi	c description of the	e navment and ite	agency p	oeu hae eeoau
				-34.147 Pt	

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)

Jimenez	Victoria	Field Engineer	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
/erification	nce of the reported payment(s) as ir	compliance with EPPC rec	ulations
Kulast	Andrew Man. Print Name	Field Engine Brinch L	Nig S
Comment:			
(Use this space or an attachm	ent for any additional information)		FPPC Form 801 (.

Payment	to Agency	Report
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A Public Docume	ent
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ayment to Agency R	epon	A Public	Document			PAYMENT TO AGENCY REPOR
. Agency Name				Date St	amp	California on
California Natural Resource	s Agency					Form OU
Division, Department, or Reg	iOn (if applicable)					For Official Use Only
Department of Water Resol	arces - Division of S	afety of Dams	;			
Street Address						
2720 Gateway Oaks Drive,	Suite 300, Sacram	ento, CA 9583	3			
Area Code/Phone Number	Email			D Amondm		comment section)
916-565-7800	andy.mangney@v	water.ca.gov		_		d a contraction
Agency Contact (name and title)	1			Date of Origin	al Filing: _	(maple day upper)
Andy Mangney, Chief, Field	Engineering Brand	ch				(month, day, year)
Donor Name and Addre	ss					
Individual N/A	N/A		_ 🖸 Other	Pacific Gas	& Electric	Company (PG&E)
Last Name	First	Name			N	ame
PO Box 770000		San Francis	600		CA	94177
Address		City			State	Zip Code
Power Generation						
Name	4	Amount		Name		\$ Amount
Payment Information (C	omplete Section	s 3.1 (a or b), 3.2, 3.3)			
3.1 (a) Travel Payment	Amador and A				07/10/20	019
··· (-, ···· -, -, -, -, -, -, -, -, -, -, -, -, -,	L.	ocation of Travel		-	D	ates (month, day, year)
PG&E	Rail	🖸 Air 🗖	Bus 🗌 Auto	o ∏Other	N/A	
Transportation Provider		Check Applicable	_		N	ame of Lodging Facility
¢ 0.00	0.00	€ 500.00	¢	0.00		500.00
ψų φ Lodging Expenses	Meal Expenses	Transportation	Expenses 4	Other Expenses		Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		N/A	9	0.00	
			Dates (month, d	lay, year)		Total Expenses
3.2. Payment Description.	Provide a specifi	ic description	of the payme	ent and its ag	jency pu	rpose and use.
Helicopter travel was o under State jurisdiction organizations and is ge	for dam safety.	The use of	a helicopter	is more eff	icient fo	r both
3.3. Identify the officials v	ho used the payn	nent in Sectio	n 3.1 (See instru	ctions)		
Dhillon	Param		Senior Engi		DWI	R/DSOD
Lost Namo	First Nome		_	No. (T).		0

Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Posilion/Tile	Department/Division
Verification			
I authorized the acceptanc	e of the reported payment(s) as in comp	pliance with FPPC regulations.	2
C Bowl- for Andy 1 Signature	Mangang Rucs Brw us	Supe. Cry. WR	7 23 2019 (month, day, year)

Comment:

4.



Payment t	o Agency	Report
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A Pub	lic Documei	nt
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Payment to Agency R	eport A Public	c Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 801
California Natural Resource	+ +			Form 00
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Department of Water Reso	urces - Division of Safety of Dar	ns		
Street Address				
2720 Gateway Oaks Drive,	Suite 300, Sacramento, CA 958	833		
Area Code/Phone Number	Email		Amendment (explai	n in comment section)
916-565-7800	andy.mangney@water.ca.gov	1		at an inc
Agency Contact (name and title)			Date of Original Filing	(month day year)
Andy Mangney, Chief, Field	d Engineering Branch			(nonsi, day, year)
2. Donor Name and Addre	SS		·	· · ·
☐ Individual	N/A	🖸 Other	Pacific Gas & Elect	ric Company (PG&E)
Castinatio	First Name			Name
PO Box 770000	San Franc	cisco	CA	94177
Address	City		State	Zip Code
Power Generation				
If "Other" is marked, describe the entity	's business activity (if business) or its nature a	and interests		
If applicable, i	identify the name of each source an	d the amount(s) r	eceived by the donor fo	r this payment:
N/A	0.00	N/A		€ 0.00
Name	\$ <u>0.00</u> Amount	<u>-</u>	Name	\$Amount
Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Amador and Alpine	<i>=,, c</i> . <i>c, c</i> . <i>c,</i>	07/1/2	2019
orr (a) mayerr ayment	Location of Travel			Dates (month, day, year)
PG&E	Rail 🕢 Air (Bus 🗖 Auto	o □ Other N/A	
Transportation Provider	Check Applica			Name of Lodging Facility
0.00	0.00 _ 500.00)	0.00	500.00
₽ Lodging Expenses	0.00 g 500.00 Meal Expenses Transportation	an Expenses D.	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	N/A	\$ 0.00	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the paym	ent and its agency p	ourpose and use.
under State jurisdictior	offered by PG&E to expedit n for dam safety. The use c enerally a safer mode of tra	of a helicopter	is more efficient	for both
3.3. Identify the officials v	who used the payment in Sect	tion 3.1 (See instru	ctions)	
Dhillon	Param	Senior Engi	neer, W.R. D	NR/DSOD
Last Name	First Name		ition/Title	Department/Division
			9	
Last Name	First Name	Pos	ition/Tille	Department/Division
. Verification				
I authorized the acceptance	e of the reported payment(s) as i	in compliance wi	th FPPC regulations.	1 23 2017 ((montH, day, year)
Comment:				
(Use this space or an attachment f	for any additional information)			
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Payment to Agency Report

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ayment to Agenc	у кероп	<u> </u>	Public Do	Joument			PAYMENT TO AGENCY REPO
. Agency Name					Date Sta	mp	California QO
California Natural Reso	ources Agency						Form OU
Division, Department, o	r Region (if applicable	÷)					For Official Use Only
Department of Water F	Resources - Divis	on of Safet	y of Dams				
Street Address							
2720 Gateway Oaks D	rive, Suite 300, S	acramento	CA 95833				
Area Code/Phone Numb	er Email				□ Amondmo	nt (ovelei	in comment section)
916-565-7800	andy.mang	ney@wate	r.ca.gov		_		
Agency Contact (name and	d title)				Date of Origina	al Filing:	
Andy Mangney, Chief,	Field Engineering) Branch					(nonin, day, year)
. Donor Name and Ad	dress						
□ Individual <u>N/A</u>		N/A		🔽 Other	Pacific Gas 8	Electr	ic Company (PG&E)
Last Nam	e	First Name					Name
PO Box 770000			an Francisco			CA	94177
Address		City	ſ			State	Zip Code
Power Generation							
If "Other" is marked, describe the	entity's business activity	(if business) or	its nature and inte	rests.			-
	ble, identify the na	me of each s	ource and the	amount(s) re	ceived by the c	lonor foi	this payment:
N/A		\$ <u>0.00</u>		N/A			0.00
Name		D					A 0.00
		Amou	unt		Name		Amount
. Payment Informatio	n (Complete S	Amou			Name		· · · · · · · · · · · · · · · · · · ·
-		Amou	.1 (a or b), 3		Name	07/1/2	ΦAmount
. Payment Informatio 3.1 (a) Travel Paymen		ections 3. and Alpine	.1 (a or b), 3		Name -	07/1/2	ΦAmount
-	t Amadoi	ections 3. and Alpine	1 (a or b) , 3 e n of Travel	3.2, 3.3)		07/1/2 N/A	Amount 019
	t Amado	ections 3. and Alpine Location	.1 (a or b), 3	3.2, 3.3) s □ Auto			Amount 019
3.1 (a) Travel Paymen	t <u>Amadoi</u>	ections 3. and Alpine Location	1 (a or b), 3	3.2, 3.3) s □ Auto			Amount 019 Dates (month, day, year) Name of Lodging Facility
3.1 (a) Travel Paymen PG&E Transportation Prov	t Amado	ections 3. and Alpine Location	1 (a or b), 3 e n of Travel Air □ Bu	3.2, 3.3) s □ Auto	o □ Other		019 Dates (month, day, year)
3.1 (a) Travel Paymen PG&E Transportation Prov	t <u>Arnadon</u> vider C \$ <u>0.00</u> Meal Expense	ections 3. and Alpine Location] Rail [7] Gh	1 (a or b), 3	3.2, 3.3) s □ Auto	O D Other 0.00		Amount 019 Dates (month, day, year) Name of Lodging Facility

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	Param	Senior Engineer, W.R.	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division
Mizani	Jasper	Engineer, W.R.	DWR/DSOD
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.

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Comment:

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Payment to Agency Report

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4 A						
1. Agency Name				Date Sta	amp	California On
California Natural Resource	es Agency					Form OU
Division, Department, or Reg	jion (if applicable)			1		For Official Use Only
Department of Water Reso	urces - Division of S	afety of Dams				
Street Address				1		
2720 Gateway Oaks Drive,	Suite 300, Sacrame	ento, CA 95833	}			
Area Code/Phone Number	Email			TTL		· · · · · · · · · · · · · · · · · · ·
916-565-7800	andy.mangney@w	vater.ca.gov				n in comment section)
Agency Contact (name and tille)				Date of Origin	al Filing:	(month day upor)
Andy Mangney, Chief, Field	d Engineering Branc	h				(monut, day, year)
2. Donor Name and Addre	ss					
☐ Individual	N/A		_ 🖸 Other	Pacific Gas	& Electr	ic Company (PG&E)
Last Name	First N	lame		-		Name
DO D 770000		San Francisc	20		CA	94177
PO Box 770000		San Francisc			-	
Address		City			State	Zip Code
					State	Zip Code
Address	s business activity (if busine	City			State	Zip Code
Address Power Generation If "Other" is marked, describe the entity		City ss) or its nature and i	interests.	eceived by the		·
Address Power Generation If "Other" is marked, describe the entity If applicable, i	dentify the name of ea	City ss) or its nature and i	interests. Ne amount(s) re	eceived by the d		this payment:
Address Power Generation If "Other" is marked, describe the entity If applicable, i N/A		City ss) or its nature and i ach source and th	interests.			r this payment:
Address Power Generation If "Other" is marked, describe the entity If applicable, i N/A Name	dentify the name of ea	City ss) or its nature and i ach source and th Amount	nterests. ne amount(s) re N/A	eceived by the o		this payment:
Address Power Generation If "Other" is marked, describe the entity If applicable, i N/A Name R. Payment Information (C	dentify the name of ea	City ss) or its nature and i ach source and th Amount s 3.1 (a or b)	nterests. ne amount(s) re N/A		donor fo	this payment:
Address Power Generation If "Other" is marked, describe the entity If applicable, i N/A Name	dentify the name of ea <u>0.00</u> complete Section Amador and Al	City ss) or its nature and i ach source and th Amount s 3.1 (a or b) pine	nterests. ne amount(s) re N/A			this payment: 0.00 Amount 2019
Address Power Generation If "Other" is marked, describe the entity If applicable, i N/A Name R. Payment Information (C 3.1 (a) Travel Payment	dentify the name of ea <u>0.00</u> complete Section Amador and Al	City ss) or its nature and i ach source and th Amount s 3.1 (a or b)	nterests. ne amount(s) re N/A		donor for 07/10/	this payment:
Address Power Generation If "Other" is marked, describe the entity If applicable, i N/A Name R. Payment Information (C 3.1 (a) Travel Payment PG&E	dentify the name of ea <u>0.00</u> complete Section Amador and Al	City ss) or its nature and i ach source and th Amount s 3.1 (a or b) pine	nterests. ne amount(s) re 	Name	donor for 07/10/ N/A	2019 Dates (month, day, year)
Address Power Generation If "Other" is marked, describe the entity If applicable, i N/A Name Region Payment Information (C 3.1 (a) Travel Payment	dentify the name of ea <u>0.00</u> Complete Section Amador and Al	City ss) or ils nature and i ach source and th Amount s 3.1 (a or b) pine ccation of Travel	nterests. ne amount(s) re 	Name	donor for 07/10/ N/A	this payment: 0.00 Amount 2019
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Dhillon	Param	Senior Engineer, W.R.	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division
Mizani	Jasper	Engineer, W.R.	DWR/DSOD
Last Name	First Name	Position/Title	Department/Division

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