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
   916-227-9800
   Email
   michael.waggoner@water.ca.gov

2. Donor Name and Address
   N/A
   Pacific Gas and Electric Company
   33755 Old Mill Road
   Auberry
   CA
   93602
   Hydroelectric 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
      Fresno County
      Location of Travel
      11/15/16
      Dates (month, day, year)
      Pacific Gas and Electric Company
      Transportation Provider
      $0.00
      Rail
      $0.00
      Air
      $0.00
      Bus
      $0.00
      Auto
      $0.00
      Other
      N/A
      Name of Lodging Facility
      $0.00
      Total Expenses
      $100.00

   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)
   Mangney
   Last Name
   Andrew
   First Name
   Sup. Engineer, W.R.
   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 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**
- 916-653-3937

**Agency Contact**
- Kamyar Guivetchi, CEA, Division Manager

**2. Donor Name and Address**
- **Name**: Shinshu University, Nagano, Japan
- **Address**: 4-17-1 Wakasato, Nagano City, Japan
- **Type**: Academia — institute of higher education

**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
- **Dates**: 11/12 - 19/2016

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAL &amp; Shinkansen</td>
<td>$625.00</td>
<td>$200.00</td>
<td>$2,130.00</td>
<td>$2,955.00</td>
</tr>
<tr>
<td>Lohas, Chisun, Kiriya, Dormy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Expenses**: $2,955.00

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

**Total Expenses**: $2,955.00

**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**

<table>
<thead>
<tr>
<th>Quivetchi</th>
<th>Kamyar</th>
<th>CEA, Division Manager</th>
<th>DWR / DSIWM</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>
<tr>
<td>Guivetchi</td>
<td>Kamyar</td>
<td>CEA, Division Manager</td>
<td>DWR / DSIWM</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

#### 4. Verification

I, the undersigned, certify that the acceptance of the reported payment(s) as in compliance with FPPC regulations.

**Signature**: Gary Bardini

**Deputy Director**: [Signature]

**Date**: 12/23/16

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

FPPC Form 801 (Jan/14)

divasc@fppc.ca.gov
**1. Agency Name**
California Natural Resources Agency

**Division, Department, or Region (# 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>
<th>Pacific Gas &amp; Electric Company (PG&amp;E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO Box 770000</td>
<td>San Francisco</td>
<td>CA</td>
<td>94177</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)**

<table>
<thead>
<tr>
<th>3.1 (a) Travel Payment</th>
<th>Amador, Alpine, Tuolumne</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Travel</td>
<td></td>
</tr>
<tr>
<td>PG&amp;E</td>
<td></td>
</tr>
<tr>
<td>Transportation Provider</td>
<td></td>
</tr>
<tr>
<td>Check Application</td>
<td></td>
</tr>
<tr>
<td>Rail □ Air □ Bus □ Auto □ Other</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>

<table>
<thead>
<tr>
<th>3.1 (b) Payment(s) not related to travel:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates (month, day, year)</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>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>
</tbody>
</table>

<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>
</tbody>
</table>

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

Michael Waggoner Michael Waggoner Field Branch Chief 1/31/19
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

□ Individual  □ Other

PO Box 770000
San Francisco, CA 94177

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

□ Rail □ Air □ Bus □ Auto □ Other

□ N/A

□ N/A $0.00 □ N/A $0.00

Name  Amount  Name  Amount

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

3.1 (a) Travel Payment

Nevada County

PGE

Transportation Provider

Rail  Air  Bus  Auto  Other □ N/A

□ N/A $0.00 □ N/A $0.00 □ N/A $1,000.00 □ N/A $0.00 □ N/A $1,000.00

Lodging Expenses  Meal Expenses  Transportation Expenses  Other Expenses  Total Expenses

□ N/A $0.00

□ N/A $0.00

□ N/A $0.00

□ N/A $0.00

□ N/A $0.00

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)

Jimenez  Timothy  Engineer, W.R.

Last Name  First Name  Position/Title

DWR/DSOD

Department/Division

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
A Public Document

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
□ Individual N/A □ Other Pacific Gas & Electric Company (PG&E)
PO Box 770000 San Francisco CA 94177
Address City State Zip Code
Name
Power Generation
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

□ Individual N/A □ Other Pacific Gas & Electric Company (PG&E)
PO Box 770000 San Francisco CA 94177
Address City State Zip Code
Name
Power Generation
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

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

$ 0.00 $ 0.00 $ 0.00 $ 0.00
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses
Total Expenses

3.1 (b) Payment(s) not related to travel:
N/A
$ 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)
Holland Eric 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.

Signature: Michael Waggoner
Print Name: Michael Waggoner
Position: Field Engineering Branch Chief
Date: 10/10/19

Comment:
(Use this space or an attachment for any additional information)
1. **Agency Name**
   California Natural Resources Agency
   **Division, Department, or Region (if applicable)**
   Department of Water Resources - Division of Safety of Dams

2. **Donor Name and Address**
   - **Individual**: N/A
   - **Other**: Southern California Edison (SCE)
     
     - **Last Name**: N/A
     - **First Name**: N/A
     - **Street Address**: 1515 Walnut Grove
     - **City**: Rosemead
     - **State**: CA
     - **Zip Code**: 91770
     - **Power Production**: If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.
       - **Name**: N/A
       - **Amount**: $0.00

3. **Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**
   **Travel Payment**
   - **Location of Travel**: Inyo County
   - **Dates (month, day, year)**: 9/26/17
   - **SCE Transportation Provider**: N/A
   - **Check Applicable Boxes**:
     - **□ Rail**
     - **□ Air**
     - **□ Bus**
     - **□ Auto**
     - **□ Other**
   - **Lodging Expenses**: $0.00
   - **Meal Expenses**: $600.00
   - **Transportation Expenses**: $0.00
   - **Other Expenses**: $0.00
   - **Total Expenses**: $600.00

   **Payment(s) not related to travel**:
   - **Name**: N/A
   - **Amount**: $0.00

4. **Verification**
   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
   
   **Signature** / **Print Name** / **Title**
   Michael Waggoner / Michael Waggoner / Field Engineering Branch Chief
   
   **Date (month, day, year)**: 10/17/19

   **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

**Date of Original Filing:**

**2. Donor Name and Address**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Gas &amp; Electric Company (PG&amp;E)</td>
<td>PO Box 770000</td>
<td>San Francisco</td>
<td>CA</td>
<td>94177</td>
</tr>
</tbody>
</table>

**Power Generation**

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

<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>Location of Travel</th>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amador and Alpine</td>
<td>9/21/2017</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<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>PG&amp;E</td>
<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>Amount</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</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>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holland</td>
<td>Eric</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.

Signature: Michael Waggoner

Date: 10/10/17

Comment:

(Use this space or an attachment for any additional information)
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
916-227-9600
Email
michael.waggoner@water.ca.gov
Agency Contact (name and title)
Michael Waggoner, Chief, Field Engineering Branch

2. Donor Name and Address
- Individual: N/A
- Other: Nevada Irrigation District (NID)
Name: N/A
Address: 28311 Secret Town Road, Colfax, CA 95713
City: Colfax
State: CA
Zip Code: 95713

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

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: N/A
□ Rail □ Air □ Bus □ Auto □ Other
Check Applicable Boxes
- Lodging Expenses: $0.00
- Meal Expenses: $0.00
- Transportation Expenses: $1,500.00
- Other Expenses: $0.00
- Total Expenses: $1,500.00

3.1 (b) Payment(s) not related to travel:
- N/A
- Dates (month, day, year): N/A
- Total Expenses: $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
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:
Print Name:
Position/Title: Field Engineering Branch Chief
Department/Division:
Date (month, day, year): 10/20/17

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

**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>
<th>Pacific Gas &amp; Electric Company (PG&amp;E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>N/A</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>First Name</td>
<td>N/A</td>
<td>City</td>
<td>San Francisco</td>
</tr>
<tr>
<td>Address</td>
<td>N/A</td>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>N/A</td>
<td>Zip Code</td>
<td>94177</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>
<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

**Location of Travel**

Amador and Alpine

**Dates (month, day, year)**

09/12/2017

**Transportation Provider**

PG&E

**Check Applicable Boxes**

- Rail
- Air
- Bus
- Auto
- Other

**Lodging Expenses**

$0.00

**Meal Expenses**

$0.00

**Transportation Expenses**

$500.00

**Other Expenses**

$0.00

**Total Expenses**

$500.00

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

**Dates (month, day, year)**

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

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

## 4. Verification

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

**Signature**

Michael Waggoner

**Print Name**

Michael Waggoner

**Title**

Field Engt. Branch Chief

**Date (month, day, year)**

9/12/17

**Comment:**

(Use this space or an attachment for any additional information)
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
□ Individual □ Other Southern California Edison (SCE)
Last Name
N/A
First Name
Rosemead
Address
1515 Walnut Grove
City
Rosemead
State
CA
Zip Code
91770
Power Production
N/A

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
N/A
Rail □ Air □ Bus □ Auto □ Other
□ Check Applicable Boxes
Lodging Expenses $0.00
Meal Expenses $600.00
Transportation Expenses $0.00
Other Expenses $0.00
Total Expenses $1,200.00
3.1 (b) Payment(s) not related to travel:
N/A
N/A
$0.00
$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 Brandon Senior Engineer, W.R. DWR/DSOD
Dhillon Param Senior Engineer, W.R. DWR/DSOD

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Michael Waggoner Field Engineering Branch 10/09/19

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

1. Agency Name
   Department of Water Resources
   Statewide Integrated Water Management

   Street Address
   901 P Street, Room 202

   Area Code/Phone Number
   916 653-3937

   Email
   kamyar.guivetchi@water.ca.gov

2. Donor Name and Address
   CCEEB - Summer Issues Seminar-Environmental and Economic Balance
   101 Mission Street, Ste. 1440
   San Francisco
   CA
   94105

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: Squaw Creek Resort
   Other

   Lodging Expenses: $368.14
   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
   Last Name: Kamyar
   First Name: Division Chief/CEA
   Position/Title: DWR/DSIWM

4. Verification

   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
   Eric Koch
   Deputy Director
   (month, day, year)

   Comment:
   (Use this space or an attachment for any additional information)
### 1. Agency Name

California Natural Resources Agency

**Division, Department, or Region (if applicable)**

Department of Water Resources - Division of Safety of Dams

**Street Address**

2720 Gateway Oaks Drive, Sacramento CA 95833

**Area Code/Phone Number**

916-565-7820

**Email**

melissa.collord@water.ca.gov

**Agency Contact** (name and title)

Melissa Collord, Central Regional Engineer, Field Engineering Branch

### 2. Donor Name and Address

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

- **Location of Travel** Nevada County
- **Dates** 07/16/2019
- **Transportation Provider** PG&E
- **Lodging Expenses** $0.00
- **Meal Expenses** $0.00
- **Transportation Expenses** $1,000.00
- **Other Expenses** $0.00
- **Total Expenses** $1,000.00

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

<table>
<thead>
<tr>
<th>N/A</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.

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>Victoria</td>
<td>Field Engineer</td>
<td>DWR/DSOD</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.

**Comment:**

(Use this space or an attachment for any additional information)
1. Agency Name
California Natural Resources Agency
Division, Department, or Region (if applicable)
Department of Water Resources - Division of Safety of Dams
Street Address
2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833
Area Code/Phone Number
916-565-7800
Email
andy.mangney@water.ca.gov
Agency Contact (name and title)
Andy Mangney, Chief, Field Engineering Branch

2. Donor Name and Address

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

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

<table>
<thead>
<tr>
<th>If applicable, identify the name of each source and the amount(s) received by the donor for this payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>N/A</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>PG&amp;E</th>
<th>Location of Travel</th>
<th>Date (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amador and Alpine</td>
<td>07/10/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
<th>Name of Lodging Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>N/A</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>$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>Total Expenses</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
<td>07/10/2019</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>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
<th>Department/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dhillon</td>
<td>Param</td>
<td>Senior 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.

Signature: I
Print Name: Dhillon
Date: 7/23/2019

(Use this space or an attachment for any additional information)
1. Agency Name
California Natural Resources Agency

Division, Department, or Region (if applicable)
Department of Water Resources - Division of Safety of Dams

Street Address
2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833

Area Code/Phone Number
916-565-7800

Email
andy.mangney@water.ca.gov

Agency Contact (name and title)
Andy Mangney, Chief, Field Engineering Branch

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Gas &amp; Electric Company (PG&amp;E)</td>
<td>PO Box 770000</td>
<td>San Francisco</td>
<td>CA</td>
<td>94177</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>
<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>Amador and Alpine</td>
<td>07/1/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<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>PG&amp;E</td>
<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>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$0.00</td>
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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)

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<th>Position/Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dhillon</td>
<td>Param</td>
<td>Senior 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.

Signature

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**
- 2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833

**Area Code/Phone Number**
- 916-565-7800

**Email**
- andy.mangney@water.ca.gov

**2. Donor Name and Address**
- **□ Individual**
- **□ Other**

**Name**
- Pacific Gas & Electric Company (PG&E)

**PO Box 770000**
- San Francisco, CA 94177

**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**
- Location of Travel: Amador and Alpine
- Dates (month, day, year): 07/1/2019

**Transportation Provider**
- PG&E
- □ Rail □ Air □ Bus □ Auto □ Other
- N/A

**Lodging Expenses**
- $0.00

**Meal Expenses**
- $500.00

**Transportation Expenses**
- $0.00

**Other Expenses**
- $500.00

**Total Expenses**
- $0.00

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

**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>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dhillon</td>
<td>Param</td>
<td>Senior Engineer, W.R.</td>
</tr>
<tr>
<td>Mizani</td>
<td>Jasper</td>
<td>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**: Andy Mangney

**Print Name**: Russ Bowles

**Date (month, day, year)**: 7/23/2019
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
   2720 Gateway Oaks Drive, Suite 300, Sacramento, CA 95833

   Area Code/Phone Number
   916-565-7800

   Email
   andy.mangney@water.ca.gov

2. Donor Name and Address
   □ Individual  N/A
   ☐ Other

   Last Name
   N/A

   First Name
   N/A

   Name
   Pacific Gas & Electric Company (PG&E)

   PO Box 770000
   San Francisco
   CA  94177

   Address
   City

   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:

   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
   ##

   □ Rail  □ Air  □ Bus  □ Auto  □ Other

   Check Applicable Boxes

   Lodging Expenses
   $0.00

   Meal Expenses
   $0.00

   Transportation Expenses
   $500.00

   Other Expenses
   $0.00

   Total Expenses
   $500.00

   Dates (month, day, year)
   07/10/2019

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

   N/A

   Dates (month, day, year)

   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 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
   First Name

   Senior Engineer, W.R.
   Position/Title

   DWR/DSOD
   Department/Division

   Mizani
   Last Name
   Jasper
   First Name

   Engineer, W.R.
   Position/Title

   DWR/DSOD
   Department/Division

4. Verification

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

   [Signature]

   [Print Name]

   [Date]

   Comment:

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