Payment to Agency Rep	ort	A Public Do	ocument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California O O 4
California Natural Resources	Agency		U).		Form OUI
Division, Department, or Region	• •			BOT 10 2013	For Official Use Only
Department of Water Resource	es - Division of S	afety of Dams		C ,	11.5/1
Street Address				14.1	Haza Ez
2720 Gateway Oaks Drive, Sa	acramento CA 95	8833	, 1		1311
	mail	.000			
	Christina.Carretta	@water ca gov		Amendment (ex	plain in comment section)
Agency Contact (name and title)	7/1/30/10.00/1000			Date of Original Fili	na: 10-18-19
	Cooratan			<u></u>	(month, day, year)
Christina Carretta, Executive S					
Donor Name and Address	;				
☐ Individual N/A	N/A		☑ Other	Southern Californ	nia Edison
Last Name	First N				Name
1515 Walnut Grove Avenue		Rosemead		CA	91770
Address		City		State	Zip Code
Power Generation					
if "Other" is marked, describe the entity's bu	usiness activity (if busine	ss) or its nature and int	erests.		
If applicable, iden	ntify the name of ea	ich source and the	amount(s) re	eceived by the donor	for this payment:
	.,			,	
Name	\$	Amount		Name	\$ Amount
3. Payment Information (Cor	mnlete Section	s 3 1 (a or b)	3 2 3 31		
- · · · · · · · · · · · · · · · · · · ·	Big Creek, CA	5 5.1 (a OI b),	3.2, 3.3)	Oct	ober 3, 2019
3.1 (a) Travel Payment		ocation of Travel			Dates (month, day, year)
Southern California Edison					outes (month, day, year)
Transportation Provider	Rail	☑ Air □ Bι		Other	Name of Lodging Facility
Hallaportation Provider		Check Applicable Bo	es		
\$\$		\$ 1,000.00	\$.		\$ 1,000.00
	Meal Expenses	Transportation Exp	10/3/19	Other Expenses	Total Expenses
3.1 (b) Payment(s) not relate	ed to travel:		Dates (month, o		00.00 Total Expenses
3.2. Payment Description. F	rovide a specifi	c description o	f the payme	ent and its agency	y purpose and use.
Helicopter travel was offe	ered by Southe	ern California	Edison to	expedite travel	to jointly inspect dams
in remote areas under St					
both organizations and is	generally a sa	afer mode of t	ransporta	tion to dams wit	th limited road access.
3.3. Identify the officials who	o used the paym	ent in Section	3.1 (See instru	ctions)	Herman Herman
-	Andrew			Evil	namy brown chief
Mangney Last Name	First Name			igineer, Field	Department of Water Resour
Last Name	riist Name	,	Posi	nion/ fine	Department/Division
Last Name	First Name		Pos	ition/Title	Department/Division
4. Verification		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
I authorized the acceptance of	the reported pay	ment(s) as in co	mpliance wi	th FPPC regulation	ns.
Shun to Japan	SHAROL	1 KTAPIA	4 4	WISTON CHI	EF. DGON /0/49/1
Signature	1	Print Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment for a	any additional informs	tion)			
tene and object of all attachment line	any additional interfita	non)			FPPC Form 801 (Jan/18)
					advice@fppc.ca.gov

Payment to Agency Re	port	A Public D	ocument		PAYMENT TO AGENCY REPORT	
1. Agency Name	·		1750	Date Stamp	California O 🗸	
California Natural Resources Agency				HIE EIN II	Form 801	
Division, Department, or Regi	On (if applicable)		103		For Official Use Only	
Department of Water Resources - Division of Safety of Dams				OCT 13 2019	1 4/1	
Street Address			- 110 14	-	121	
2720 Gateway Oaks Drive, S	Sacramento, CA 95	833		L15' 4 1.1.(c)	118	
Area Code/Phone Number	Email					
(916) 565-7800	Christina.Carretta(@water.ca.gov		Amendment (explai	n in comment section)	
Agency Contact (name and title)				Date of Original Filing:	10:18:19	
Christina Carretta, Executive	e Secretary				(month, day, year)	
2. Donor Name and Addres				Cautham California	Edican	
☐ Individual N/A	N/A First N	0000	Other	Southern California	Name	
1515 Walnut Grove Avenue	FIISTN	Rosemead		CA	91770	
Address		City		State	Zip Gade	
Power Generation						
If "Other" is marked, describe the entity's	business activity (if busines	ss) or its nature and in	terests.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
	entify the name of ea	ch source and the	e amount(s) re	eceived by the donor fo	r this payment.	
	S.				\$	
Name		A rn ount		Name	Amount	
3. Payment Information (Co	omplete Sections	s 3.1 (a or b),	3.2, 3.3)			
3.1 (a) Travel Payment	Big Creek, CA			Octob	er 3, 2019	
, ,	Lo	ecation of Travel			Dates (month, day, year)	
Southern California Edison	Rail	☑ Air ☐ B	us 🗌 Auto	o		
Transportation Provider		Check Applicable B			Name of Lodging Facility	
2		1,000.00	¢		1,000.00	
Lodging Expenses	Meal Expenses	Transportation Ex	penses	Other Expenses	Total Expenses	
3.1 (b) Payment(s) not rela	ated to travel:		10/3/19	\$_1,000	.00	
			Dates (month, o	day, year)	Total Expenses	
3.2. Payment Description.	Provide a specific	c description o	of the payme	ent and its agency p	ourpose and use.	
Helicopter travel was of	fered by Southe	rn California	Edison to	expedite travel to	iointly inspect dams	
in remote areas under s						
both organizations and						
3.3. Identify the officials w			•			
-	•	ient in Section	·	ABN 1	anch Chief	
Malvick	Erik			ngineer, Design De	epartment of Water Resour	
Last Name	First Name		Pos	ition/Title	Department/Division	
Last Name	First Name		Pos	ition/Title	Department/Division	
4. Verification				· _		
4 Vermeannn						
I authorized the acceptance	of the reported pay	ment(s) as in co	ompliance wi	ith FPPC regulations.		
	of the reported pay	ment(s) as in co	ompliance wi	ith FPPC regulations.	ellelos dex	
	SHAPO	ment(s) as in co	ompliance wi	th FPPC regulations.	10/9/19 (month, day, year)	
I authorized the acceptance	SHAPO	NKTAPIA	ompliance w	ith FPPC regulations.	10/9/19 (month, day, year)	
	SHAPO	Print Name	ompliance w	ith FPPC regulations.	10 / 9 / 9 (month, day, year) FPPC Form 801 (Jan/18)	

Payment to Agency Re	eport e	A Public D	ocument		PAYMENT TO AGENCY REPORT
1. Agency Name			10	Date Stamp	California O 0 4
California Natural Resource	s Agency			I SHILL IN	Form OUI
Division, Department, or Reg	ion (if applicable)			777 50 5	For Official Use Only
Department of Water Resources - Division of Safety of Dams				107 10 200	
Street Address					Orner I
2720 Gateway Oaks Drive,	Sacramento, CA 95	5833	· ·	1160025	UITRE
Area Code/Phone Number	Email			_	
(916) 565-7800	Christina.Carretta	@water.ca.gov		Amendment (exp	plain in comment section)
Agency Contact (name and title)				Date of Original Fili	ng: (0 - 18 - 19
Christina Carretta, Executiv	e Secretary				(month, day, year)
2. Donor Name and Addres				Cauthara Californ	in Edinon
☐ Individual N/A	N/A		. 🕜 Other	Southern Californ	
Last Name 1515 Walnut Grove Avenue	First N	Rosemead		CA	Name 91770
Address		City		State	
Power Generation					·
If "Other" is marked, describe the entity's	husiness activity (if husine	ee) or its nature and it	ntarests	_	
ii otioi le markoa, acaamac iilo omity i	Pariness activity (ii become	oo, or his materic and in	morada.		
If applicable, id	dentify the name of ea	ach source and th	ne amount(s) re	eceived by the donor	for this payment:
	\$				\$
Name	Ψ	Amount		Name	Amaunt
. Payment Information (C	omplete Section	s 3.1 (a or b),	, 3.2, 3.3)		
3.1 (a) Travel Payment	Big Creek, CA			Octo	ober 3, 2019
(Lo	ocation of Travel			Dates (month, day, year)
Southern California Edison	□ Rail	☑ Air □ E	Bus ∐ Auto	o □ Other	
Transportation Provider	- I sali	Check Applicable 8	—		Name of Lodging Facility
		1,000.00	_		1,000.00
۵ــــــــــــــــــــــــــــــــــــ	Meal Expenses	Transportation E.	xpenses \$.	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		10/3/19	\$ 1,00	00.00
(,,			Dates (month. c	day, year)	Total Expenses
3.2. Payment Description.	Provide a specifi	c description	of the payme	ent and its agency	v purpose and use.
				-	
Helicopter travel was o					
in remote areas under	•		•	•	
both organizations and			,		in limited road access.
3.3. Identify the officials w	tho used the paym	ent in Section	3.1 (See instru	ctions)	EMOLLIE, DSOD
Vogler	William		Senior Engi	neer, WR	Department of Water Resour
Last Name	First Name	· · · · · · · · · · · · · · · · · · ·	Posi	ition/Title	Department/Division
		<u>.</u>			
Lasi Name	First Name		Pos	ition/Title	Department/Division
l. Verification					
I authorized the acceptance	of the reported pay	ment(s) as in c	ompliance wi	ith FPPC regulation	ns.
Ma 1 - 1 M	Last Dark	W 1.9	F.	ery Branch	101811
Signature	1/4/01	Print Name	/2/1	Title	(month, day, year)
. •	- 0		1	1.1 mar 48	(, day, your)
Comment:					
(Use this space or an attachment for	or any additional informa	ition)			FPPC Form 801 (Jan/18)
					advice@fppc.ca.gov

	eport A	Public Docu	ıment		PAYMENT TO AGENCY RE
. Agency Name			r==-	Date Stamp	California o o
Department of Water Reso	urces		[6]	ECELV	Form OU
Division, Department, or Reg			11.71	m - m 1 1	For Official Use Only
Executive				FEB 047	
Street Address				11-12-1	
1416 Ninth Street			HU	MAN RESOURCES	OFFICE
Area Code/Phone Number	TEmail				01110
(916) 654-7180	Kristopher.Tjernell@	water.ca.gov		Amendment (explain in comment section)
Agency Contact (name and title)	,	, <u>g</u>		Date of Original F	iling: 2.4.20
Andria Avila, Executive Ass	istant				(month, day, year)
. Donor Name and Addre	SS			California Clima	sta O Aggias Iltura Naturale
individual	First Nam	<u></u>] Other		ite & Agriculture Network
910 K Street		Sacramento		C	
Address		City		Sta	
NGO - focusing on public e			ate policy		
If "Other" is marked, describe the entity					
n where while a man had the string	•	or the financial affairment and	-		
If applicable, i	dentify the name of each	source and the am	ount(s) re	ceived by the done	or for this payment:
California Climate & Ag. Ne	twork \$ 15.00				\$
Name	Am	nount		Name	Amount
Payment Information (C	omplete Sections	3.1 (a or b), 3.2,	3.3)	-	·
3.1 (a) Travel Payment	Turlock, CA			O	ctober 11, 2019
	Locat	tion of Travel		-	Dates (month, day, year)
self		∏Air ∏ Bus	✓ Auto	o ⊟ Other ^{n/a}	a
Transportation Provider		Check Applicable Boxes			Name of Lodging Facility
e e	15.00	¢	d:		_© 15.00
		Transportation Expense	. Ψ=	Other Expenses	Total Expenses
Lodging Expenses	Meal Expenses				
Lodging Expenses 3.1 (b) Payment(s) not rel				\$	
		·	es (month, d		Total Expenses
	ated to travel:	Date	es (month, d	ay, year)	,
3.1 (b) Payment(s) not rel 3.2. Payment Description.	ated to travel: Provide a specific of	Date Date Date Date Date Date Date Date	es (month, d	ent and its agen	cy purpose and use.
3.1 (b) Payment(s) not rel3.2. Payment Description.Networking lunch with	ated to travel: Provide a specific of	Date Date Date Date Date Date Date Date	es (month, d	ent and its agen	cy purpose and use.
3.1 (b) Payment(s) not rel 3.2. Payment Description.	ated to travel: Provide a specific of	Date Date Date Date Date Date Date Date	es (month, d	ent and its agen	cy purpose and use.
3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues.	ated to travel: Provide a specific on NGOs focusing on	Date	es (month, d e payme on rega	ent and its agen arding agricult	cy purpose and use.
3.1 (b) Payment(s) not rel3.2. Payment Description.Networking lunch with issues.3.3. Identify the officials v	ated to travel: Provide a specific on the specific on the specific on the specific or the payment of the payme	Date Date Date Date Date Date Date Date	e payme On rega	ent and its agenorations agricult	cy purpose and use.
3.1 (b) Payment(s) not rel3.2. Payment Description.Networking lunch with issues.	ated to travel: Provide a specific on NGOs focusing on	Date Date Date Date Date Date Date Date	es (month, d e payme on rega	ent and its agenorations agricult	cy purpose and use.
3.1 (b) Payment(s) not rel3.2. Payment Description.Networking lunch with issues.3.3. Identify the officials v	ated to travel: Provide a specific on the specific on the specific on the specific or the payment of the payme	Date Date Date Date Date Date Date Date	es (month, de payme on rega (See instruc	ent and its agenorations agricult	cy purpose and use. ure and climate policy
3.1 (b) Payment(s) not rel3.2. Payment Description.Networking lunch with issues.3.3. Identify the officials vTjernell	ated to travel: Provide a specific of NGOs focusing on who used the payment Kristopher	Date Date Date Date Date Date Date Date	es (month, de payme on rega (See instruc	ent and its agent arding agricult stions)	cy purpose and use. ure and climate policy DWR/Executive
 3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues. 3.3. Identify the officials values. 	ated to travel: Provide a specific of NGOs focusing on who used the paymer Kristopher	Date Date Date Date Date Date Date Date	es (month, de payme on rega (See instruction of the payment)	ent and its agenerations) etions) etion/Title	cy purpose and use. ure and climate policy DWR/Executive Department/Division
3.1 (b) Payment(s) not rel3.2. Payment Description.Networking lunch with issues.3.3. Identify the officials vTjernell	ated to travel: Provide a specific of NGOs focusing on who used the payment Kristopher	Date Date Date Date Date Date Date Date	es (month, de payme on rega (See instruction of the payment)	ent and its agent arding agricult stions)	cy purpose and use. ure and climate policy DWR/Executive
3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues. 3.3. Identify the officials v Tjernell Last Name	ated to travel: Provide a specific of NGOs focusing on who used the paymer Kristopher	Date Date Date Date Date Date Date Date	es (month, de payme on rega (See instruction of the payment)	ent and its agenerations) etions) etion/Title	cy purpose and use. ure and climate policy DWR/Executive Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues. 3.3. Identify the officials v Tjernell Last Name	ated to travel: Provide a specific of NGOs focusing on who used the paymer Kristopher	Date Date Date Date Date Date Date Date	es (month, de payme on rega (See instruction of the payment)	ent and its agenerations) etions) etion/Title	cy purpose and use. ure and climate policy DWR/Executive Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues. 3.3. Identify the officials v Tjernell Last Name	ated to travel: Provide a specific of NGOs focusing on who used the paymer Kristopher First Name	Date Date Description of the public educati The section 3.1 Dep	es (month, de payme on regative) (See instructive) Positive Positive	ent and its agent anding agricult actions) actor ion/Title	DWR/Executive Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues. 3.3. Identify the officials v Tjernell Last Name Last Name	ated to travel: Provide a specific of NGOs focusing on who used the paymer Kristopher First Name	Date Date Description of the public educati The section 3.1 Dep	es (month, de payme on regative) (See instructive) (See instructiv	ent and its agent anding agricult actions) actor ion/Title	DWR/Executive Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues. 3.3. Identify the officials v Tjernell Last Name Last Name	ated to travel: Provide a specific of NGOs focusing on who used the paymer Kristopher First Name of the reported paymer Cindy Messer	Date Date Description of the public educati The section 3.1 Dep	es (month, de payme on regative) (See instructive) (See instructiv	ent and its agenerations) ction/Title th FPPC regulations	DWR/Executive Department/Division
3.1 (b) Payment(s) not rel 3.2. Payment Description. Networking lunch with issues. 3.3. Identify the officials v Tjernell Last Name Verification I authorized the acceptance	ated to travel: Provide a specific of NGOs focusing on who used the paymer Kristopher First Name of the reported paymer Cindy Messer	Date description of the public education in Section 3.1 Deposition Deposition as in complement(s) as in complement description of the public description in the public description of the public descri	es (month, de payme on regative) (See instructive) (See instructiv	ent and its agent anding agriculting agric	DWR/Executive Department/Division Department/Division Department/Division

Payment to Agency R	eport A Public D	ocument		PAYMENT TO AGENCY REPORT
1. Agency Name			Quie Stamp	California 201
Department of Water Reso	urces		EARIAL	Form OUI
Division, Department, or Reg	Jion (if applicable)	lin'	CCC A 4 acco	For Official Use Only
Executive			FEB 04 2001	
Street Address				- Comment
1416 Ninth Street, Sacrame	ento CA 95814	W 1418	IMAN RESOURCES OF	FICE
Area Code/Phone Number	Email			
(916) 654-7180	Kristopher.Tjernell@water.ca.gov		Amendment (explain	n in comment section)
<u>, , , , , , , , , , , , , , , , , , , </u>	Kristopher, Tjerriell@water.ca.gov		Date of Original Filings	2.4.20
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Andria Avila, Executive Ass	istant			
2. Donor Name and Addre	ss			
☐ Individual		Other .	Sustainable Conser	vation
Last Name	First Name	_		Name
98 Battery Street, Suite 302		0	CA	94111
Address	City		State	Zip Code
-	able water and agricultural manager			
If "Other" is marked, describe the entity	s business activity (if business) or its nature and in	nterests.		
If applicable is	dentify the name of each source and the	e amount/e\ re-	caived by the deperte	this navmont
Mulvaney's	142.04	e amount(s) re-	beived by the dollor lo	ина раутнени.
Name	\$\frac{112.84}{Amount}		Name	
		2 2 2 2	Nattic	Amount
	Complete Sections 3.1 (a or b),	3.2, 3.3)	0-1-6	45, 0040
3.1 (a) Travel Payment	Sacramento, CA		Octob	er 15, 2019
le.	Location of Travel			Dates (month, day, year)
self	Rail Air 🗆 B	us 🗹 Auto	□ Other _ ^{n/a}	
Transportation Provider	Check Applicable B	axes		Name of Lodging Facility
\$ \$	112.84	\$_		\$ <u>112.84</u>
Lodging Expenses	Meal Expenses Transportation Ex	kpenses .	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:			
		Dates (month, da	ıy, year)	Total Expenses
3.2. Payment Description	. Provide a specific description of	of the payme	nt and its agency p	ourpose and use.
Educational dinner with	n Sustainable Conservation's	Board with	panel discussion	ı.
			pa	
2.3 Identify the efficiency	ub a veral than maximum tim Castian	24		
3.3. Identify the officials v	who used the payment in Section		•	
Tjernell	Kristopher	Deputy Direc	oftor DV	VR/Executive
Last Name	First Name	Positi	on/Title	Department/Division
Last Name	First Name	Desit	ion/Title	DonadasantiDistria
cast rune	Hat Name	Fosit	on/ nue	Department/Division
. Verification				
I authorized the acceptance	of the reported payment(s) as in co	ompliance with	h FPPC regulations.	
11 010	Cindy Messer		Deputy Director	1/3/2-
Signature	Print Name		Title	(month, day, year)
				functional and least
Comment:				
(Use this space or an attachment f	or any additional information)			FPPC Form 801 (Jani1
				advice@fppc.ca.go