Payment to Agency R	eport A Public	Document	F	PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
California Natural Resource	es Agency		RECEIV	Form OUI
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Department of Water Resou	urces - Division of Safety of Dams	;	OCT 2 4 2	023
Street Address				
2720 Gateway Oaks Dr, Su	ite 300, Sacramento, CA 95833		DWR Human Re	sources
Area Code/Phone Number	Email		- American description in the last contract of the	
916-565-7800	Andy.Mangney@water.ca.gov		Amendment (explain in	
Agency Contact (name and title)			Date of Original Filing:	0/24/23
	h Manager, Field Engineering Bra	inch		(month, day, year)
. Donor Name and Addre	ee			
NI/A	N/A		Sacramento Municipa	Utility District (SMUD)
Individual Last Name	First Name	_		ame
3995 Old Carson Road	Pollock Pine	es	CA	95726
Address	City		State	Zip Code
If "Other" is marked, describe the entity	's business activity (if business) or its nature and	d interests.		
	dentify the name of each source and	the amount(s) re	eceived by the donor for tr	
N/A	\$\frac{0.00}{Amount}	N/A		\$ <u>0.00</u>
Name			Name	Amount
. Payment Information (C	Complete Sections 3.1 (a or b), 3.2, 3.3)		-
3.1 (a) Travel Payment	El Dorado County		7/27/202	
	Location of Travel			ates (month, day, year)
SMUD	🗌 Rail 🔳 Air 🔲	Bus	o	
Transportation Provider	Check Applicable	e Boxes		ime of Lodging Facility
\$0.00	0.00 \$500.00 Transportation	\$.	0.00	\$ 500.00
Lodging Expenses	Meal Expenses Transportation	Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	ated to travel:	N/A	\$ 0.00	
		Dates (month, o		Total Expenses
3.2. Payment Description	. Provide a specific description	of the paymo	ent and its agency pur	pose and use.
Helicopter necessary t	o expedite travel to jointly in	spect dams	in remote areas un	der State
	fety. The use of a helicopter			
generally a safer mode	e of transportation to dams v	vith limited re	oad access.	
3.3. Identify the officials v	who used the payment in Section	n 3.1 (See instru	ctions)	
Madera Gutierrez	Oscar	Engineer		R/DSOD
Last Name	First Name		ition/Title	Department/Division
Last Name	First Name	FUS	don/ nde	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
. Verification	a			
	of the reported payment(s) as in	compliance wi	th EDDC regulations	
r authorized the acceptance	of the reported payment(s) as in	compliance wi	ii i i i o regulations.	10-19-7
My many	Andrew J. Mangney	Branch	Manager, Field Engineering Branc	
Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			EDDC Form 904 / Jon/4

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Payment to Agency R	eport	A Public D	ocument		PAYM	ENT TO AGENCY REPORT
1. Agency Name				Date Star	mp Ca	alifornia 801
California Natural Resources Agency			I REC	EIVE	Form OUI	
Division, Department, or Reg	jion (if applicable)			1 1		For Official Use Only
Department of Water Resources - Division of Safety of Dams			OCT	2 4 2028		
Street Address				1		
2720 Gateway Oaks Dr, Su	ite 300. Sacrament	o CA 95833		DWR Hun	nan Resourc	ces
Area Code/Phone Number	Email	0, 07, 00000				
916-565-7800	Andy.Mangney@v	water ca gov		☐ Amendme	nt (explain in com	ment section)
	TAIluy.iviailgiley@	water.ca.gov		Date of Origina	I Filing: 10-	24-23
Agency Contact (name and title)	h Managan Field F	anima arina Bran	o la		(m	onth, day, year)
Andrew J. Mangney, Brancl		ngineering bran	Cn			
2. Donor Name and Addre	SS					
☐ Individual N/A Last Name	N/A		. Other	Sacramento I	viunicipal Uti	lity District (SMUD)
	First I			-	Name	
3995 Old Carson Road		Pollock Pines	<u> </u>			95726
Address		City			State 2	Zip Code
-						
If "Other" is marked, describe the entity	s business activity (if busine	ess) or its nature and in	nterests.			
If applicable, i	dentify the name of ea	ach source and th	e amount(s) r	eceived by the d	onor for this p	avment:
N/A	\$0.00		N/A	,	,	©0.00
Name	\$ <u></u>	Amount		Name		\$Amount
B. Payment Information (C	omplete Section	ns 3 1 (a or h)	3 2 3 31			
*	El Dorado Cou		3.2, 3.3)		7/27/2023	
3.1 (a) Travel Payment		ocation of Travel		_		month, day, year)
SMUD					N/A	,,, ,,
Transportation Provider	Rail	Air B	_	o 🔲 Other		f Lodging Facility
	0.00	Check Applicable E		0.00		00.00
\$\frac{0.00}{\text{Lodging Expenses}}\$	0.00 Meal Expenses	\$500.00 Transportation E	\$	O.00 Other Expenses	. \$_	Total Expenses
	•	Transportation E.	N/A		0.00	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		Dates (month,			tal Expenses
	D		20 20 00 00 Vol 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			a and all a second on
3.2. Payment Description	. Provide a specif	ic description (or the paym	ent and its ag	ancy purpos	se and use.
Helicopter necessary to	•					
jurisdiction for dam saf					organizat	ions and is
generally a safer mode	of transportatio	n to dams wi	th limited r	oad access.		
3.3. Identify the officials v	who used the payr	nent in Section	3.1 (See instru	ictions)		
Banks			neer DWR/DSOD			
Last Name	First Name	e		ition/Title		epartment/Division
Last Name	First Nam	е	Pos	sition/Title	D	epartment/Division
		*				
4. Verification						
I authorized the acceptance	of the reported now	(mont/s) as in o	omplianco w	ith EDDC roqui	otione	
Tauthorized the acceptance	or the reported pay	ymeni(s) as in c	omphance w	illi FFC regul	auons.	10110123
man 11 Everyon	Andrew J. Mangn		Branch	Manager, Field Engine	eering Branch	1011912
Signature		Print Name		Title		(month, day, year)
Comment:						
(Use this space or an attachment f	or any additional inform	ation)				EDDO E
	•	·				FPPC Form 801 (Jan/18 advice@fppc.ca.go

Payment to Agency R	eport	A Public Document	PAYMENT TO AGENCY REPO
1. Agency Name			REPate Stamp / F California 80
California Natural Resource	es Agency		RECEIVEL Form OU
Division, Department, or Reg	gion (if applicable)		For Official Use Only
Department of Water Reso	urces - Division of Sa	fety of Dams	OCT 2 4 2023
Street Address			
2720 Gateway Oaks Dr, Su	iite 300, Sacramento,	CA 95833	DWR Human Resources
Area Code/Phone Number	Email		Amendment (explain in comment section)
916-565-7800	Andy.Mangney@wa	ater.ca.gov	_
Agency Contact (name and title)			Date of Original Filing: (month day year)
Andrew J. Mangney, Branc	h Manager, Field Eng	ineering Branch	(month, day, year)
2. Donor Name and Addre	ess		
☐ Individual N/A	N/A	Tother	Nevada Irrigation District (NID)
Last Name	First Na	me —	Name
2831 Secret Town Road		Colfax	CA 95713
Address		City	State Zip Code
If "Other" is marked, describe the entity	'a huginosa activity (if hyginosy	or its nature and interests	
ii Other is marked, describe the entity	s business activity (ii business	s) or its flature and interests.	
If applicable, i	identify the name of eac	h source and the amount(s) re	received by the donor for this payment:
N/A	<u> </u>	N/A	0.00 _{\$}
Name	—— Ф <u>——</u>	mount	Name Amount
3. Payment Information (C	Complete Sections	3.1 (a or b), 3.2, 3.3)	
3.1 (a) Travel Payment	Nevada County	(,,,,	8/23/2023
3.1 (a) Travel Fayment		ation of Travel	Dates (month, day, year)
NID	□ Deil	■ A:• □ Due □ Aut	to Dothor N/A
Transportation Provider	Rail	Air Bus Auto	Name of Lodging Facility
0.00	0.00		0.00 (1,500.00
Lodging Expenses	Meal Expenses	\$\$. Transportation Expenses	Other Expenses Total Expenses
3.1 (b) Payment(s) not re	•	N/A	\$ 0.00
3.1 (b) Payment(s) not re	lated to traver.	Dates (month, o	
3.2. Payment Description	. Provide a specific	description of the payme	ent and its agency purpose and use.
	•		t dams in remote areas under State
			cient for both organizations and is
generally a safer mode			
gonorany a care mou	, от попторот поптот		
3.3. Identify the officials	who used the payme	ent in Section 3.1 (See instru	uctions)
Banks	Thomas	Senior Engi	ineer DWR/DSOD
Last Name	First Name	Pos	sition/Title Department/Division
Last Name	First Name	Pos	sition/Title Department/Division
Eddiffo	1 iist Maine	1 00	Statil Had Separation Separation
4 1 100 41			
4. Verification			
I authorized the acceptance	of the reported payn	nent(s) as in compliance wi	rith FPPC regulations.
(Smiller - 1 Non	Andrew J. Mangney	Branch	Manager, Field Engineering Branch 10-19-2
Signature		rint Name	Title (month, day, year)
Commont			
Comment: (Use this space or an attachment	for any additional informati	on)	
tose this space of all attachment	ioi ally additional illibithati	VII)	

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Payment to Agency R	eport A	Public Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
California Natural Resource	es Agency			Form OUI
Division, Department, or Reg	jion (if applicable)		RECEI	For Official Use Only
Department of Water Reso	urces - Division of Safety	y of Dams		
Street Address			OCT 24	2023
2720 Gateway Oaks Drive,	Suite 300, Sacramento,	CA 95833	D14/D11	
Area Code/Phone Number	Email		DWR Human	din in comment section)
916-565-7800	Andy.Mangney@wate	r.ca.gov		
Agency Contact (name and title)			Date of Original Filing	g: 10-24-23 (month, day, year)
Andrew J. Mangney, Brand	h Manager, Field Engine	eering Branch		(month), day, year,
2. Donor Name and Addre	ess			
D ladicidual N/A	N/A	Cthor.	Southern California	a Edison (SCE)
Individual Last Name	First Name	Other		Name
2244 Walnut Grove Avenue	e Ro	osemead	CA	91770
Address	City		State	Zip Code
Power Generation				
If "Other" is marked, describe the entity	's business activity (if business) or	its nature and interests.		
If applicable	identify the name of each s	ource and the amount(s) re	aceived by the donor f	or this payment:
N/A		N/A	scerved by the donor i	0.00
Name	\$\frac{0.00}{Amou}		Name	\$Amount
ar 4 (44.54***)			Namo	Allount
3. Payment Information (C	-		00/4	3/2023
3.1 (a) Travel Payment	Sequoia National P		09/13	
SCE	Location	n of Travel	N1/A	Dates (month, day, year)
		Air Bus Auto	o □ Other <u>N/A</u>	Name of Ladeline Facility
Transportation Provider		eck Applicable Boxes	0.00	Name of Lodging Facility
\$ 0.00	50.00	5 %	0.00	\$ 500.00
Lodging Expenses		ransportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	N/A	\$ 0.00	Total Expenses
		Dates (month, o		,
3.2. Payment Description	. Provide a specific de	escription of the payme	ent and its agency	purpose and use.
Helicopter travel was offere				
safety. The dam is located both organizations and is g				helicopter is efficient for
both organizations and is g	enerally a saler mode of	i transportation to these	dams.	
3.3. Identify the officials v	who used the payment	in Section 3.1 (See instru	ctions)	
Vogler	William	Senior Engi	neer, W.R.	WR/DSOD
Last Name	First Name		tion/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
4. Verification				
I authorized the acceptance	of the reported paymer	nt/s) as in compliance wi	th EPPC regulations	
nationized the acceptance	Andrew J. Mang		Manager, Field Engineering	11 19 -6
Cionati ma	Jan 1		Title	
Signature	Print N	vanic	Title	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			EDDC Form 904 / Jon/49)

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