

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp RECEIVED MAY 28 2025 DWR Human Resources	California Form 801 For Official Use Only
Department of Water Resources			
Division, Department, or Region (if applicable)			
State Water Project (SWP)			
Street Address			
715 P Street			
Area Code/Phone Number	Email		
916.919.7171	anthony.meyers@water.ca.gov		
Agency Contact (name and title)		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Anthony Meyers; SWP Chief Operating Officer			

2. Donor Name and Address

<input type="checkbox"/> Individual	Chaudhuri	Mickey	<input checked="" type="checkbox"/> Other	Metropolitan Water District (MWD)
	Last Name	First Name		Name
	700 North Alameda Street	Los Angeles		CA 90012
	Address	City		State Zip Code

MWD is the largest SWP contractor and is a regional wholesaler and the largest supplier of treated water in the U.S.

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		\$			\$	
Name	Amount	Name	Amount			

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

3.1 (a) Travel Payment	MWD's Gene Camp & Weymouth WTP	April 29th & 30th, 2025
	Location of Travel	Dates (month, day, year)
MWD	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	MWD's Gene Camp
Transportation Provider	Check Applicable Boxes	Name of Lodging Facility
\$ 1,240.00	\$ 870.00	\$ 3,276.00
Lodging Expenses	Meal Expenses	Transportation Expenses
		\$ 0.00
		Other Expenses
		\$ 5,386.00
		Total Expenses

3.1 (b) Payment(s) not related to travel:	April 29, 2025	\$ 300.00
	Dates (month, day, year)	Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

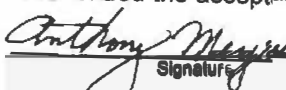
Book bags were provided (estimated cost of \$30/bag) to each participant to carry brochures and information provided by MWD.

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

See Attached List of Attendees			
Last Name	First Name	Position/Title	Department/Division
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.

	Anthony Meyers	SWP Chief Operating Officer	05/29/25
Signature	Print Name	Title	(month, day, year)

Comment: See attached for detailed comment describing the activity associated with these expenses.

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

MWD Colorado River Aqueduct and Weymouth WTP Inspection Trip

Supporting Information for Form 801

Prepared By: Anthony Meyers

Name		Position / Title	Department / Division	Lodging	Meal	Travel	Other	Total
Last	First			Expense ¹	Expense ²	Expense ³	Expense	Expense
Brown	Dale	Manager, DOE	DWR/SWP/DOE	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Chao	You Chen	SWP Risk & Resilience Officer	DWR/SWP/Executive	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Choyce	Darren	Assistant Division Manager, O&M	DWR/SWP/O&M	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Hafner	Mark	Assistant Division Manager, O&M	DWR/SWP/O&M	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Meyers	Anthony	SWP Chief Operating Officer	DWR/SWP/Executive	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Quintero	Jorge	Assistant Division Manager, O&M	DWR/SWP/O&M	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Sharma	Ravi	Assistant Division Manager, O&M	DWR/SWP/O&M	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Soltanzadeh	Behzad	Manager, O&M	DWR/SWP/O&M	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
White	Molly	Assistant Division Manager, O&M	DWR/SWP/O&M	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Yarbrough	John	SWP Deputy Director	DWR/SWP/Executive	\$ 124.00	\$ 87.00	\$ 327.60	\$ -	\$ 538.60
Total Donor Expense				\$ 1,240.00	\$ 870.00	\$ 3,276.00	\$ -	\$ 5,386.00

NOTES:

1. One night lodging at MWD's Gene Camp facility in Earp, CA - San Bernardino Co.
2. Lunch on the 29th at MWD's Weymouth Water Treatment Plant and dinner, breakfast, and lunch at the Gene Camp dining hall.
3. Travel from Weymouth WTP to Gene Camp on the 29th and back on the 30th – 234 miles each way (468 miles total) at \$0.70/mile.

Comment: Meetings with MWD, our largest SWP constractor, are held quarterly between DWR and MWD with every other meeting at the other's facilities, with the purpose to work with our counterparts, build better working relationships between the staff from the largest State-owned water storage and delivery system in the U.S. (State Water Project), and the largest Water Utility in the U.S. (Metropolitan). At these quarterly meetings we typically discuss operational and maintenance issues, information specific to the facility being visited, successes and struggles being faced, and ways to better partner in the work that we do; so that we can learn from each other and improve in the work that we do, which is water capture, water delivery, and hydro-power generation.

Payment to Agency Report

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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

damsafety@water.ca.gov

Agency Contact (name and title)

Andrew J. Mangney, Branch Mgr.
Michael Waggoner, Chief, Field Engineering Branch

Date Stamp

California
Form

801

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RECEIVED

JUL 16 2025

☐ Amendment (explain in comment section)

Date of Original Filing:

(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Pacific Gas and Electric Company (PG&E)

300 Lakeside Drive

Oakland

CA

94612

Address

City

State

Zip Code

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

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

N/A

\$ 0.00

N/A

\$ 0.00

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

6/18/2025

Location of Travel

Dates (month, day, year)

PG&E

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

N/A

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 Expenses

Total Expenses

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

N/A

\$ 0.00

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter necessary to expedite travel for an inspection in a remote areas 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

Regional Engineer

DWR/DSOD

Last Name

First Name

Position/Title

Department/Division

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

Print Name

Title

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14)

advice@fppc.ca.gov

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