A	eport A Publi	c Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 801
California Natural Resource	s Agency		4.7 1.11.	Form OU
Division, Department, or Reg	ion (if applicable)	. 55	17 JAN 13 JAN 9:	For Official Use Only
Department of Water Resou	urces - Division of Safety of Da	ms		
Street Address	-			
2200 X Street, Suite 200, Sa	acramento, CA 95818			
Area Code/Phone Number	Email		[7]	
916-227-9800	michael.waggoner@water.ca	.gov	Amendment (explain	in comment section)
Agency Contact (name and title)			Date of Original Filing:	-13-17
Michael Waggoner, Chief, F	ield Engineering Branch			(month, day, year)
				<u> </u>
Donor Name and Addres			Desifie Con and Flor	itria Campanii
☐ Individual N/A	N/A	Other	Pacific Gas and Elec	
33755 Old Mill Road	First Name Auberry		CA	Name 93602
Address	City		State	Zip Code
Hydroelectric Power Genera				
	s business activity (if business) or its nature	and interests		
ii Other is marked, describe the entity a	s business activity (ii business) of its hattie	and interests.		
If applicable, ic	dentify the name of each source as	nd the amount(s) re	eceived by the donor for	this payment:
N/A	\$ 0.00	N/A		€ 0.00
Name	Amount		Name	Ψ
Transportation Provider  \$\frac{0.00}{\text{Lodging Expenses}}\$.	0.00 Check Applica		O.00 Other Expenses	Name of Lodging Facility  100.00  Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	N/A	\$ 0.00	
		Dates (month, d	av. vearì	Total Expenses
2.2 Daymant Daggrintian				Total Expenses
3.2. Payment Description,	Provide a specific descripti	ion of the payme		•
The dam needed to be was not possible since (approx. 10 minutes ea	Provide a specific descriptic accessed for a constructic the reservoir was drawn only way) was the only way who used the payment in Sec	ion inspection. down for const y to access the	ent and its agency portion Normal access is truction work. Hele dam.	urpose and use.
The dam needed to be was not possible since (approx. 10 minutes ea	accessed for a constructi the reservoir was drawn o ch way) was the only way	ion inspection. down for const y to access the	ent and its agency portion Normal access is truction work. Hele dam.	urpose and use.
The dam needed to be was not possible since (approx. 10 minutes ea	accessed for a constructi the reservoir was drawn on sich way) was the only way who used the payment in Sec	ion inspection. down for const to access the tion 3.1 (See instruct Sup. Engine	ent and its agency portion Normal access is truction work. Hele dam.	urpose and use. s by boat, but this icopter travel
The dam needed to be was not possible since (approx. 10 minutes ea 3.3. Identify the officials was mangney	accessed for a construction the reservoir was drawn on the color way) was the only way who used the payment in Sec	ion inspection. down for const to access the tion 3.1 (See instruct Sup. Engine	ent and its agency portion Normal access is cruction work. Helectrons	urpose and use. s by boat, but this icopter travel
The dam needed to be was not possible since (approx. 10 minutes ea 3.3. Identify the officials was Name	accessed for a construction the reservoir was drawn on the reservoir was drawn on the control of	ion inspection. down for const to access the tion 3.1 (See instruct Sup. Engine	ent and its agency portion Normal access is cruction work. Help dam.  ctions) eer, W.R.  DW  dion/Title	urpose and use. s by boat, but this icopter travel  VR/DSOD  Department/Division
The dam needed to be was not possible since (approx. 10 minutes ea 3.3. Identify the officials was mangney	accessed for a construction the reservoir was drawn on the color way) was the only way who used the payment in Sec	ion inspection. down for const to access the tion 3.1 (See instruct Sup. Engine	ent and its agency portion Normal access is cruction work. Helectrons	urpose and use. s by boat, but this icopter travel
The dam needed to be was not possible since (approx. 10 minutes ea 3.3. Identify the officials was Name  Last Name	accessed for a construction the reservoir was drawn on the reservoir was drawn on the control of	ion inspection. down for const to access the tion 3.1 (See instruct Sup. Engine	ent and its agency portion Normal access is cruction work. Help dam.  ctions) eer, W.R.  DW  dion/Title	urpose and use. s by boat, but this icopter travel  VR/DSOD  Department/Division
The dam needed to be was not possible since (approx. 10 minutes ea 3.3. Identify the officials was Mangney	accessed for a construction the reservoir was drawn on the reservoir was drawn on the control of	ion inspection. down for const to access the tion 3.1 (See instruct Sup. Engine	ent and its agency portion Normal access is cruction work. Help dam.  ctions) eer, W.R.  DW  dion/Title	urpose and use. s by boat, but this icopter travel  VR/DSOD  Department/Division
The dam needed to be was not possible since (approx. 10 minutes ea 3.3. Identify the officials was Name  Last Name  Verification	accessed for a construction the reservoir was drawn on the reservoir was drawn on the control of	ion inspection. down for const to access the stion 3.1 (See instruct Sup. Engine Posit	ent and its agency portion work. Help dam.  ctions) eer, W.R.  DV  tion/Title	urpose and use. s by boat, but this icopter travel  VR/DSOD  Department/Division
The dam needed to be was not possible since (approx. 10 minutes ea 3.3. Identify the officials was Name  Last Name  Verification	accessed for a construction the reservoir was drawn on the control of the control	ion inspection. down for const to access the stion 3.1 (See instruct Sup. Engine Posit	ent and its agency portion work. Help dam.  ctions) eer, W.R.  DV  tion/Title	urpose and use. s by boat, but this icopter travel  VR/DSOD  Department/Division

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**Payment to Agency Report** 

Payment to Agency Re	eport A Public	Document	PAYMENT TO AGENCY REPORT
1. Agency Name		Date	Stamp California 001
CA Department of Water Re	esources		Form OUI
Division, Department, or Reg	ion (if applicable)	- 15 ULU 2	J For Official Use Only
Division of Statewide Integra	ated Water Management		
Street Address	_		
901 P Street, Room 202, Sa	acramento, CA 95814		
Area Code/Phone Number	Email		
916-653-3937	kamyar.guivetchi@water.ca.go	ov —	Iment (explain in comment section)
Agency Contact (name and title)		Date of Ori	ginal Filing: 12/22/16 (month, day, year)
Kamyar Guivetchi, CEA, Div	vision Manager		(month, day, year)
2. Donor Name and Addre			
2. Donor Name and Addres	3S	Shinehu I	Iniversity Nagana Japan
☐ Individual	First Name	Other	Jniversity, Nagano, Japan
4-17-1 Wakasato	Nagano		Japan
Address	City		State Zip Code
Academia institute of high	ner education		
	s business activity (if business) or its nature a	and interests.	<del></del>
If applicable, id	dentify the name of each source and	d the amount(s) received by the	ne donor for this payment:
	\$		5
Name	Amount	Name	Amount
3. Payment Information (C	omplete Sections 3.1 (a or	b), 3.2, 3.3)	
3.1 (a) Travel Payment	Tokyo & Nagano, Japan		11 / 12 - 19 / 2016
	Location of Travel		Dates (month, day, year)
JAL & Shinkansen	□ Rall □ Air □	Bus □ Auto □ Othe	Lohas, Chisun, Kiriya, Dormy
Transportation Provider	Check Applicat		Name of Lodging Facility
£ 625.00	200.002,130.0	00	2,955.00
\$ 625.00 \$.  Lodging Expenses	Meal Expenses Transportation	on Expenses Other Expen	ses Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		\$ 2,955.00
, ,		Dates (month, day, year)	Total Expenses
3.2. Payment Description.	Provide a specific description	on of the payment and its	agency purpose and use.
Invited by Shinebu Univ	versity to present a Californ	nia Water Seminar en	11/15/2016, and attand
-			and university professors and
students between 11/1		gioriai water officials, a	and university professors and
3.3. Identify the officials w	ho used the payment in Secti	ion 3.1 (See instructions)	
Guivetchi	Kamyar	CEA, Division Manager	DWR / DSIWM
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
Labe Name	THIS TYPE THE	T COMOTIVING	Departmentoristori
			<del> </del>
I. Verification			
I authorized the acceptance	of the reported payment(s) as ir	n compliance with FPPC re	gulations.
No. of the case of	Gary Bardini	Deputy Director	12.73 11
Signature	Print Name	Tid	e (month, day, year)
Comment:			
(Use this space or an attachment for	r any additional information)		EPPC Form 801 (Jan/14)

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advice@fppc.ca.gov

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Payment to Agency F	<b>Report</b>	A Public D	ocument		PAYME	NT TO AGENCY REPORT
1. Agency Name				Date Stamp	Ca	ifornia OO4
California Natural Resource	es Agency				F	orm OUI
Division, Department, or Re	gion (if applicable)		17.0	OFET -C	10.4	For Official Use Only
Department of Water Reso	ources - Division of Sa	afety of Dams				
Street Address						
2200 X Street, Suite 200,	Sacramento CA 958	18				
Area Code/Phone Number	Email					
916-227-9800	michael.waggoner	@water ca gov		Amendment (	explain in comm	ent section)
Agency Contact (name and title		<u></u>		Date of Original F	iling: 🗦	2-17
Michael Waggoner, Chief,		anch			(moi	nth, day, year)
2. Donor Name and Addre				Dooific Coo 9 E	laatria Cam	non (DC 9 E)
☐ Individual N/A Last Name	N/A First N		☑ Other	Pacific Gas & E	Name	pany (PG&E)
PO Box 770000	First N	San Francisco	n	С		4177
Address		City	<del>-</del>	Sta		Code
Power Generation						
If "Other" is marked, describe the entit	v's business activity (if busines	s) or its nature and in	terests			
	,	,				
If applicable,	identify the name of each	ch source and the	e amount(s) re	eceived by the don		
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	Amador, Alpine	, Tuolumne		10	/25, 10/31,	(2016)
ì	Lo	cation of Travel			Dates (m	onth, day, year)
PG&E		☑ Air □ B	us ⊟ Auto	Other N/	Ά	
Transportation Provider		Check Applicable B		_	Name of I	odging Facility
© 0.00	<sub>\$</sub> Ω.00	_ 1,000.00	œ.	0.00	1,0	00.00
Lodging Expenses	Meal Expenses	Transportation Ex	rpenses Ψ-	Other Expenses	Ψ <u>Τ</u>	otal Expenses
3.1 (b) Payment(s) not re	elated to travel:		N/A	<b>\$</b> 0.	00	
			Dates (month, d	fay, year)	Tota	I Expenses
3.2. Payment Description	n. Provide a specific	description o	of the payme	ent and its agen	cy purpose	and use.
Helicopter travel was	offered by PG&E	to expedite tr	ravel to joir	ntly inspect da	ms in rem	ote areas
under State jurisdictio	n for dam safety.	The use of a	helicopter	is more efficie	ent for bot	h
organizations and is g	enerally a safer m	node of trans	portation to	o dams with lir	nited road	access.
3.3. Identify the officials	who used the paym	ent in Section	3.1 (See instruc	ctions)		
Dhillon	Param		Senior Engli		DWR/DS	חח
Last Name	First Name			tion/Title		artment/Divisjon
233, 113,113	T Wat I Tallio		. 001		Бор	avancino Breajeri
Last Name	First Name		Posi	ition/Title	Dep	artment/Division
4. Verification	_					
I authorized the acceptance	a of the reported povr	ment(s) as in co	mnliance wit	th EDBC regulation	one	
raumonized the acceptance	and the second s	// as in co			J115.	1010
MIChael Warn	Michael	Na 9 4 offe	Field	Branch Chie	T	1/3//17
Signature //	P	All Caralles		Title		(month, day, year)
Comment:						
(Use this space or an attachment	for any additional informat	ion)				PC Form 801 (Jan/14)
					171	advice@fppc.ca.gov

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Payment to Agency	Report A Pi	ublic Documen	t	PAYMENT TO AGENCY REPOR
I. Agency Name			Date Stamp	California 004
California Natural Resources Agency			DW.	Form OU
Division, Department, or Region (if applicable)			2016 OCT 19 AM	For Official Use Only
Department of Water Resources - Division of Safety of Dams			CONTROL 19 AM	8: 30
Street Address	·		-	
2200 X Street, Suite 200	), Sacramento, CA 95818			
Area Code/Phone Numbe	<u> </u>		+	
916-227-9800	michael.waggoner@wate	er.ca.gov	Amendment (expla	in in comment section)
Agency Contact (name and t			Date of Original Filing	1: 10:19:16
	ef, Field Engineering Branch			(month, day, year)
		<del></del>		· · ·
. Donor Name and Add			Davida Cas 9 Flas	tria Carrania (DORE)
☐ Individual N/A  Last Name	N/A	Ø Other	Pacific Gas & Elec	tric Company (PG&E)
PO Box 770000	First Name	Francisco	CA	Name 94177
Address	City	Trancisco	State	Zip Code
Power Generation	,			
	nlity's business activity (if business) or its i	natura and internets		
ii Otilei is ilipiked, describe ine e	mity's business activity (it business) or its i	nature and interests.		
	le, identify the name of each sour	rce and the amount(s)	received by the donor for	or this payment:
N/A	\$ 0.00	N/A		s 0.00
Name	Amount		Name	Amount
Payment Information	(Complete Sections 3.1 (	(2 or b) 3 2 3 3)		
		(4 01 15), 0.2, 0.0)	10/11	-12/2016
3.1 (a) Travel Payment	Nevada County  Location of	Travel		
PGE	Location of	Havei	B.1/0	Dates (month, day, year)
Transportation Provide	□ Rail ☑ Aii		to ☐ Other N/A	Name of Lodging Facility
	Official	Applicable Boxes	0.00	
\$ 0.00	5	,000.00	0.00	\$\frac{1,000.00}{5}
Lodging Expenses		sportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not	related to travel:	N/A	\$ 0.00	7.1.5
		Dates (month	. ,.,	Total Expenses
3.2. Payment Descripti	ion. Provide a specific desc	cription of the payn	nent and its agency	purpose and use.
Helicopter travel wa	s offered by PG&E to exp	pedite travel to jo	intly inspect dams	in remote areas
	ion for dam safety. The u			
organizations and is	generally a safer mode	of transportation	to dams with limit	ed road access.
3.3 Identify the officia	Is who used the payment in	Section 3.1 (Common	n of and	
				W5/5005
Jimenez	Timothy	Engineer, '		WR/DSOD
Last Name	First Name	Po	sition/Title	Department/Division
Last Name	First Name		osition/Title	Department/Division
	,		John The	
	<del> </del>			
Verification				
I authorized the acceptar	nce of the reported payment(s	s) as in compliance v	vith FPPC regulations	1 79 N 79
110	920			T 10/18/16
	<u>-</u>			(month, day, year)
Comment:				
(Use this space or an attachme	ent for any additional information)			EDDC F 204 / I14

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