

Payment to Agency Report

A Public Document

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, Sacramento, CA 95833  
 Area Code/Phone Number (916) 565-7800 | Email Christina.Carretta@water.ca.gov  
 Agency Contact (name and title)  
 Christina Carretta, Executive Secretary

Date Stamp: OCT 13 2019

**California Form 801**  
 For Official Use Only

Amendment (explain in comment section)  
 Date of Original Filing: 10-18-19 (month, day, year)

**2. Donor Name and Address**

Individual N/A |  Other Southern California Edison

1515 Walnut Grove Avenue | Rosemead | 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 source and the amount(s) received by the donor for this payment:

Name	Amount	Name	Amount

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

**3.1 (a) Travel Payment**  
 Big Creek, CA | October 3, 2019  
 Location of Travel | Dates (month, day, year)

Southern California Edison |  Rail |  Air |  Bus |  Auto |  Other  
 Transportation Provider | Check Applicable Boxes | Name of Lodging Facility

\$ 0.00	\$ 0.00	\$ 1,000.00	\$ 0.00	\$ 1,000.00
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

**3.1 (b) Payment(s) not related to travel:**  
 10/3/19 | \$ 1,000.00  
 Dates (month, day, year) | Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 Helicopter travel was offered by Southern California Edison 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)**

Mangney	Andrew	Principal Engineer, Field	Emergency Branch Chief
Last Name	First Name	Position/Title	Department/Division
			Department of Water Resources

**4. Verification**

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

Signature: SHARON K TAPIA | Print Name: SHARON K TAPIA | Title: DIVISION CHIEF, DSD | Date: 10/19/19

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



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<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
California Natural Resources Agency		OCT 19 2019	
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	Email		
(916) 565-7800	Christina.Carretta@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Filing: <u>10.18.19</u> (month, day, year)	
Christina Carretta, Executive Secretary			

**2. Donor Name and Address**

Individual N/A Last Name N/A First Name N/A  Other Southern California Edison Name

1515 Walnut Grove Avenue Address Rosemead City CA State 91770 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 source and the amount(s) received by the donor for this payment.

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

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

**3.1 (a) Travel Payment** Big Creek, CA Location of Travel October 3, 2019 Dates (month, day, year)

Southern California Edison Transportation Provider  Rail  Air  Bus  Auto  Other

Check Applicable Boxes

\$ _____	\$ _____	\$ <u>1,000.00</u>	\$ _____	\$ <u>1,000.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

**3.1 (b) Payment(s) not related to travel:** 10/3/19 Dates (month, day, year) \$ 1,000.00 Total Expenses

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

Helicopter travel was offered by Southern California Edison 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)**

<u>Malvick</u>	<u>Erik</u>	<u>Principal Engineer, Design</u>	<u>Branch Chief</u>
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.

Shank Jyoti Signature SHANK JYOTI Print Name DIVISION CHIEF, DESD Title 10/9/19 (month, day, year)

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

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**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) 565-7800 | Email Christina.Carretta@water.ca.gov  
 Agency Contact (name and title)  
 Christina Carretta, Executive Secretary

Date Stamp: OCT 18 2019  
 California Form 801 For Official Use Only  
 Amendment (explain in comment section)  
 Date of Original Filing: 10-18-19 (month, day, year)

**2. Donor Name and Address**

Individual N/A |  Other Southern California Edison

1515 Walnut Grove Avenue | Rosemead | 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 source and the amount(s) received by the donor for this payment:

Name	Amount	Name	Amount

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

**3.1 (a) Travel Payment** | Big Creek, CA | October 3, 2019  
 Location of Travel | Dates (month, day, year)

Southern California Edison |  Rail |  Air |  Bus |  Auto |  Other  
 Transportation Provider | Check Applicable Boxes | Name of Lodging Facility

\$ 1,000.00 | \$ 1,000.00  
 Lodging Expenses | Meal Expenses | Transportation Expenses | Other Expenses | Total Expenses

**3.1 (b) Payment(s) not related to travel:** | 10/3/19 | \$ 1,000.00  
 Dates (month, day, year) | Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 Helicopter travel was offered by Southern California Edison 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)**

Vogier	William	Senior Engineer, WR	Department of Water Resources
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: Andrew J. Managney | Print Name: Andrew Managney | Title: Area 7 Engineer, D50D Field Branch | Date: 10/8/19 (month, day, year)

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

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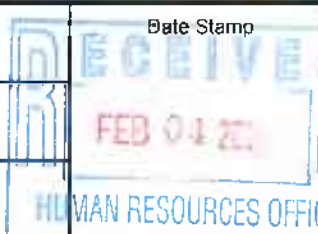
**Payment to Agency Report**

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PAYMENT TO AGENCY REPORT

**1. Agency Name**

**California Form 801**  
For Official Use Only



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

Executive

Street Address  
1416 Ninth Street

Area Code/Phone Number (916) 654-7180  
Email Kristopher.Tjernell@water.ca.gov

Agency Contact (name and title)  
Andria Avila, Executive Assistant

Amendment (explain in comment section)  
Date of Original Filing: 2-4-20  
(month, day, year)

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other California Climate & Agriculture Network  
Last Name First Name Name  
910 K Street Sacramento CA 95814  
Address City State Zip Code

NGO - focusing on public education regarding agriculture and climate policy issues.

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:

California Climate & Ag. Network	\$ 15.00		
Name	Amount	Name	Amount

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

**3.1 (a) Travel Payment** Turlock, CA October 11, 2019  
Location of Travel Dates (month, day, year)  
self Transportation Provider  Rail  Air  Bus  Auto  Other n/a  
Check Applicable Boxes Name of Lodging Facility  
\$ 15.00 \$ 15.00 \$ Transportation Expenses \$ Other Expenses \$ 15.00  
Lodging Expenses Meal 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.**

Networking lunch with NGOs focusing on public education regarding agriculture and climate policy issues.

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

Tjernell	Kristopher	Deputy Director	DWR/Executive
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  
Cindy Messer Print Name  
Chief Deputy Director Title  
11/31/20 (month, day, year)

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

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name

Department of Water Resources

Division, Department, or Region (if applicable)

Executive

Street Address

1416 Ninth Street, Sacramento, CA 95814

Area Code/Phone Number

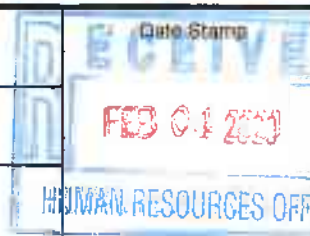
(916) 654-7180

Email

Kristopher.Tjernell@water.ca.gov

Agency Contact (name and title)

Andria Avila, Executive Assistant



California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 2-4-20 (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Sustainable Conservation

Name

98 Battery Street, Suite 302

San Francisco

CA

94111

Address

City

State

Zip Code

NGO - focusing on sustainable water and agricultural management.

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:

Mulvaney's

\$ 112.84

Name

Amount

Name

Amount

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

3.1 (a) Travel Payment

Sacramento, CA

Location of Travel

October 15, 2019

Dates (month, day, year)

self

Transportation Provider

Rail

Air

Bus

Auto

Other

n/a

Check Applicable Boxes

Name of Lodging Facility

\$ Lodging Expenses

\$ 112.84 Meal Expenses

\$ Transportation Expenses

\$ Other Expenses

\$ 112.84 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.

Educational dinner with Sustainable Conservation's Board with panel discussion.

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

Tjernell

Kristopher

Deputy Director

DWR/Executive

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

Cindy Messer

Print Name

Chief Deputy Director

Title

1/31/20

(month, day, year)

Comment:

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