Payment to Agency R	eport A Publi	c Document	•	PAYMENT TO AGENCY REPOR
I. Agency Name			Date Stamp	California Q 🗸 🗸
California Natural Resources Agency				Form OU
Division, Department, or Region (if applicable)			1	For Official Use Only
Office of the Secretary				
Street Address			1	
715 P St, Sacramento, CA	95814			
Area Code/Phone Number	Email			
916-653-5656	secretary@resources.ca.gov		Amendment (explain i	n comment section)
Agency Contact (name and title)	Good Cary @1000 are co.sa.gov		Date of Original Filing:	
- ·	retary for Administration and Fir	nance		(month, day, year)
	•	lance		
2. Donor Name and Addre				
■ Individual Halpin	John	Other	-	
Last Name	First Name	<del>_</del>		lame
6312 No. Clea Ave.	Fresno		CA State	93723 Zip Code
Auuless	Gity		State	Zip Code
If "Other" is seen to determine the	's business activity (if business) or its nature	and internal		
If "Other" is marked, describe the entity	s business activity (if business) or its nature	and interests.		
If applicable, i	dentify the name of each source a	nd the amount(s) re	eceived by the donor for t	his payment:
John Halplin	\$500.00			•
Name	Amount		Name	Amount
Mr. Halpin donated a h California Natural Resonatural resources and	lated to travel:  Provide a specific description and crafted podium built frources Agency. Its value is our shared planet. The art	08/08/2029  Dates (month, or on of the paymer om reclaimed at \$500. He work may be	Other Expenses  5 \$ 500.00  day, year)  ent and its agency put redwood scrap pie wants to share the used at pressers an	ces to the need to protect
3.3. Identify the officials v	who used the payment in Sec	tion 3.1 (See instru	ictions)	
No specific individual	See comment section.			
Last Name	First Name	Pos	ition/Title	Department/Division
Last Name	First Name		sition/Title	Department/Division
California Natural Resou	urces Agency, Office of th	ne Secretary		·
	<u> </u>	<i>y</i>		
l. Verification				
I authorized the acceptance	of the reported payment(s) as	in compliance wi	ith FPPC regulations.	
Bryan Cash	Bryan Cash	Assis	stant Secretary for Fina	nce 08/08/25
Signature	Print Name		Title	(month, day, year)
Commont:				
Comment: (Use this space or an attachment)	for any additional information)			
(See this space of all attachillent	or arry additional information)			EDDC Form 904 / lon/

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# Payment to Agency Report Instructions A Public Document

California Form 801

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefitting employee and subject to reporting on a Statement of Economic Interest, Form 700.

#### When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

#### Website Posting:

#### **State Agencies**

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

#### **Local Agencies**

The website posting rules differ for travel and non-travel payments.

#### Trave

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

## **Payments Not Related to Travel**

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

**FPPC**: Statements should be emailed to form801@fppc.ca.gov. Statements may also be mailed to 1102 Q Street, Suite 3050, Sacramento, CA 95811 or faxed to (916) 322-3711.

#### Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

#### Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

#### Part 3. Payment Information

Expenses may be rounded to whole dollars.

**Section 3.1.a.** Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

Section 3.1.b. Report agency payments that are not travel related.

#### Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

#### Section 3.3. Identify Officials

Travel Payments: The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

Non-Travel Payments: The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

#### Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.

Agency Name				
Natural Resources Age	ency		Date Stamp	California 801
Division, Department, or Region (if applicable)				For Official Use Only
Street Address 715 P Street, 20th F	loor			
Area Code/Phone Number 916-653-5656	Email meghan.hertel@resource	es.ca.gov C	Amendment (explain	in comment section)
Agency Contact (name and title) Meghan Hertel, Deputy	y Secretary for Biodive		ate of Original Filing:	(month, day, year)
Donor Name and Addre	ss		ne Stewardship	Network
Individual	First Name Ann Arb	□ Other oor	MI	Name 48105
Address The Stewardship Netwo	ork is a 501(c)(3) nonp	orofit conserva	State tion organizat	Zip Code ion that supports a
If "Other" is marked, describe the entity's	s business activity (if business) or its nature	and interests.		
If applicable, in	dentify the name of each source a	nd the amount(s) recei	ved by the donor for	this payment:
Name	\$Amount	-	Name	\$
Transportation Provider		☐ Bus ☐ Auto	Other	lame of Lodging Facility
\$\$	\$ Meal Expenses Transporta	tion Expenses \$	Other Expenses	Total Expenses
Lodging Expenses		00/11/2025	TO1, 31	JO - UU
3.1 (b) Payment(s) not rel	ated to travel:	08/14/2025  Dates (month, day, y		Total Expenses
3.1 (b) Payment(s) not rel  3.2. Payment Description. The Stewardship Network 30x30 Partnership's 20 in Registration Fees, budgeted event items, a registrants. In addition	ated to travel:  Provide a specific description of the control of	Dates (month, day, to payment ional, financial, llected \$110,500 enue from RLF. Alation and travel goods and suppli	and its agency pu and administra in Conference S l collected inc support for tri es to support t	Total Expenses  Irpose and use.  tive support for the ponsorships, \$13,768 ome was expended on bal and non-tribal
3.1 (b) Payment(s) not rel  3.2. Payment Description. The Stewardship Network 30x30 Partnership's 20 in Registration Fees, budgeted event items, a registrants. In addition	. <b>Provide a specific descript</b> k donated external operat 025 Annual Summit. TSN co and \$53,696 in Grant Revo and stipends for participa on, TSN donated \$9,344 in	Dates (month, day, to payment ional, financial, llected \$110,500 enue from RLF. Alation and travel goods and suppli	and its agency pu and administra in Conference S l collected inc support for tri es to support t	Total Expenses  Irpose and use.  tive support for the ponsorships, \$13,768 ome was expended on bal and non-tribal
3.1 (b) Payment(s) not rel  3.2. Payment Description. The Stewardship Network 30x30 Partnership's 20 in Registration Fees, budgeted event items, a registrants. In addition 3.3. Identify the officials v	. Provide a specific description of the control of	Dates (month, day, yion of the payment ional, financial, llected \$110,500 enue from RLF. Alation and travel goods and supplication 3.1 (See instruction	and its agency pu and administra in Conference S l collected inc support for tri es to support t	Total Expenses  Irpose and use.  tive support for the ponsorships, \$13,768 ome was expended on bal and non-tribal he event.
3.1 (b) Payment(s) not rel  3.2. Payment Description. The Stewardship Network 30x30 Partnership's 20 in Registration Fees, budgeted event items, a registrants. In addition 3.3. Identify the officials value.  Last Name	Provide a specific description of the control of th	Dates (month, day, your form of the payment ional, financial, llected \$110,500 enue from RLF. Alation and travel goods and supplication 3.1 (See instruction Position)	and its agency pu and administra in Conference S l collected inc support for tri es to support t	Total Expenses  Irpose and use.  tive support for the ponsorships, \$13,768 ome was expended on bal and non-tribal he event.  Department/Division
3.1 (b) Payment(s) not rel  3.2. Payment Description. The Stewardship Network 30x30 Partnership's 20 in Registration Fees, budgeted event items, a registrants. In additional and the control of the cont	Provide a specific description of the control of th	ion of the payment ional, financial, llected \$110,500 enue from RLF. Alation and travel goods and supplication 3.1 (See instruction Position)	and its agency pu and administra in Conference S l collected inc support for tri es to support t	Total Expenses  Irpose and use.  tive support for the ponsorships, \$13,768 ome was expended on bal and non-tribal he event.  Department/Division  Department/Division
3.1 (b) Payment(s) not rel  3.2. Payment Description. The Stewardship Network 30x30 Partnership's 20 in Registration Fees, budgeted event items, a registrants. In additional authorized the acceptance of the step of the ste	Reprovide a specific description of the reported payment(s) as	ion of the payment ional, financial, llected \$110,500 enue from RLF. Alation and travel goods and supplication 3.1 (See instruction Position)	and its agency pu and administra in Conference S l collected inc support for tri es to support t s)  Title	Total Expenses  Irpose and use.  tive support for the ponsorships, \$13,768 ome was expended on bal and non-tribal he event.  Department/Division  Department/Division

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



# **Certificate Of Completion**

Envelope Id: FAC83C7C-443F-492C-8433-D303D5C7C1F1

Subject: Complete with Docusign: 801 ADA30x30 Summit.pdf

FormID: Optional 1:

Source Envelope: Document Pages: 2

Certificate Pages: 4
AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:

Meghan Hertel 715 P Street

Sacramento, CA 95814

Meghan.Hertel@resources.ca.gov IP Address: 72.251.171.227

# **Record Tracking**

Status: Original

October 31, 2025 | 15:54

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Meghan Hertel

Meghan.Hertel@resources.ca.gov

Pool: StateLocal

Pool: Department of Water Resources

Location: DocuSign

Location: Docusign

# Signer Events

Bryan Cash

bryan.cash@resources.ca.gov Assistant Secretary for Admin.

Natural Resources Agency

Security Level: Email, Account Authentication

(None)

Signature

Signatures: 1

Initials: 0

Bryan Cash

Signature Adoption: Pre-selected Style Using IP Address: 98.244.2.207

# **Timestamp**

Sent: October 31, 2025 | 15:59 Viewed: October 31, 2025 | 16:01 Signed: October 31, 2025 | 16:02

### **Electronic Record and Signature Disclosure:**

Accepted: November 5, 2019 | 12:18 ID: 2c16a011-d7b3-4917-9176-98317d6e4fc0

In Person Signer Events	Signature	Timestamp		
Editor Delivery Events	Status	Timestamp		
Agent Delivery Events	Status	Timestamp		
Intermediary Delivery Events	Status	Timestamp		
Certified Delivery Events	Status	Timestamp		
Carbon Copy Events	Status	Timestamp		
Witness Events	Signature	Timestamp		
Notary Events	Signature	Timestamp		
Envelope Summary Events	Status	Timestamps		
Envelope Sent Certified Delivered Signing Complete Completed	Hashed/Encrypted Security Checked Security Checked Security Checked	October 31, 2025   15:59 October 31, 2025   16:01 October 31, 2025   16:02 October 31, 2025   16:02		
Payment Events	Status	Timestamps		
Electronic Record and Signature Disclosure				

### ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Department of Water Resources (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

# **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

# Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

# Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

# All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

# **How to contact Department of Water Resources:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by phone call: (916) 653-5791

To contact us by paper mail, please send correspondence to:

Department of Water Resources

P.O. Box 942836

Sacramento, CA 95236-0001

# To advise Department of Water Resources of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at don.davis@water.ca.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

# To request paper copies from Department of Water Resources

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to don.davisi@water.ca.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

# To withdraw your consent with Department of Water Resources

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

# Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account

Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul> <li>Allow per session cookies</li> <li>Users accessing the internet behind a Proxy Server must enable HTTP</li> <li>1.1 settings via proxy connection</li> </ul>

<sup>\*\*</sup> These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

# Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Department of Water Resources as described above, I consent to
  receive from exclusively through electronic means all notices, disclosures, authorizations,
  acknowledgements, and other documents that are required to be provided or made
  available to me by Department of Water Resources during the course of my relationship
  with you.