Payment to Agency Report

1. Agency Name
Monterey County Water Resources Agency
Division, Department, or Region (if applicable)

Street Address
1441 Schilling Place, Salinas, CA 93901

Area Code/Phone Number
831-755-4860
Email
BucheB@co.monterey.ca.us

Agency Contact (name and title)
Brent Buche, General Manager

2. Donor Name and Address
☐ Individual □ Other Hitchcock Farms Inc.

Last Name
First Name
Name
850 Work St #201
Salinas
CA 93901
Address
City
State
Zip Code

agriculture
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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</thead>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment

Transportation Provider
☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Location of Travel

Name of Lodging Facility

$ Lodging Expenses $ Meal Expenses $ Transportation Expenses $ Other Expenses $ Total Expenses

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

Oct. 11, 2019 $ 23,292.10
Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Purchase of a 15 HP Flygt pump for use at the existing MCWRA Espinosa Pump Station for stormwater pumping.

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

Buche
Last Name
First Name

Brent
Last Name
First Name

General Manager
Position/Title

Operations & Maintenance
Department/Division

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

Signature
Brent Buche
General Manager

Print Name

Title

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

FPPC Form 801 (Jan/18)
advice@ppcc.ca.gov