

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Monterey County Water Resources Agency		Date Stamp	California 801 Form For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
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:

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

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

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year)

_____ Rail Air Bus Auto Other _____
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 23,292.10
 Oct. 11, 2019
 Dates (month, day, year) Total Expenses

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

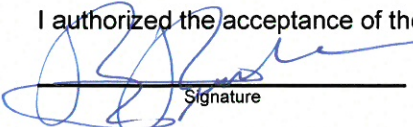
Purchase of a 15 HP Flygt pump for use at the existing MCWRA Espinosa Pump Station for stormwater pumping.

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

Buche	Brent	General Manager	Operations & Maintenance
_____	_____	_____	_____
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.


 Brent Buche General Manager 10/14/19
 Signature Print Name Title (month, day, year)

Comment:

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

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