RECEIVED MONITEREY COUNTY

Payment to Agency R	eport	A Public Do	ocument	111	PAYM	ENT TO AGENCY REPOR	
. Agency Name				Date Sta	MPFFR CE	lifornia 201	
Monterey County		•		2.0	U I L.I.	Form OUI	
Division, Department, or Region (if applicable)				6	ESPAK 8 T	For Official Use Only	
Board of Supervisors							
Street Address					7	THESETY .	
168 W Alisal Street, Salinas	s. CA 93901			T.	>		
Area Code/Phone Number	Email			<u> </u>			
831-755-5113	BaumanL@co.mo	onterey.ca.us		Amendme	nt (explain in com	nent section)	
Agency Contact (name and title)				Date of Origina			
Lew Bauman, County Adm	inistrative Officer				(m	onth, day, year)	
. Donor Name and Addre							
. Donor Name and Addre	.33			Monterey Pe	ninsula Wate	r Management Dis	
Individual	First	Name	Other		Name		
5 Harris Court		Monterey			CA	93940	
Address	***************************************	City			State 2	ip Code	
MPWMD is a public agency	y that manages surf	face and groundw	vater resour	ces.			
If "Other" is marked, describe the entity	's business activity (if busin	ess) or its nature and inte	erests.				
> If applicable	identify the name of e	ach course and the	amount(s) r	eceived by the c	lonor for this n	avment.	
ii applicable, i	dentity the name of e	ach source and the	amount(s) n	scerved by the c	onor for and p	ayment.	
Name	\$	Amount		Name		. \$	
	S		2 2 2 2 2 1				
. Payment Information (C			3.2, 3.3)		02/26/18 - 0	3/07/18	
3.1 (a) Travel Payment	Washington, E	ocation of Travel		_		month, day, year)	
United Airlines		Location of Have				monus, day, year,	
Transportation Provider	Rail	☑ Air ☐ Bu		Other	n/a Name o	Lodging Facility	
Transportation Provider		Check Applicable Bo	exes			01.00	
\$S Lodging Expenses	Meal Expenses	\$ 801.00 Transportation Exp	\$.	Other Expenses	_ \$_	Total Expenses	
		Transportation Exp	n/a				
3.1 (b) Payment(s) not re	lated to travel:		Dates (month,	dav. year)	To	tal Expenses	
2.0 Daymant Danavintian	Dravida a anacid	ia description o			ancy purpo	o and use	
3.2. Payment Description							
Two-way airfare exper							
of California Water Ag	encies Annual C	conference in V	Nashingto	n D.C. Sup	ervisor Ada	ims will	
subsequently attend the	ne National Asso	ciation of Cou	nties cont	erence on b	ehalt of Mo	onterey County.	
3.3. Identify the officials	who used the payr	nent in Section	3.1 (See instru	ctions)			
Adams	Mary L.		Supervisor, 5th District		Montere	Monterey County	
Last Name	First Name		Position/Title		D	Department/Division	
200							
n/a	n/a		n/a		n/a		
Last Name	First Nam	ne	Pos	ition/Title	D	epartment/Division	
. Verification							
I authorized the acceptance	e of the reported par	vment(s) as in co	mpliance w	ith FPPC reau	lations.		
15		•	-	nty Administrat		02/23/18	
Signature	Dr. Lew Bauman		Title			(month, day, year)	
/ /							
Comment:							
(Use this space or an attachment	for any additional inform	ation)				FPPC Form 801 (Jan/	
						advice@fppc.ca.g	
Clear Page							