## 1. Agency Name
City of Coachella

**Division, Department, or Region (if applicable)**

### Designated Agency Contact (Name, Title)
William B. Pattison, Jr., City Manager

**Area Code/Phone Number**
760-398-3502

**E-mail**
bpattison@coachella.org

## 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Palm Springs Film Festival Gala 2018
- **Face Value of Each Ticket/Pass:** $350.00
- **Date(s):** 01 / 02 / 18
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [ ]

## 3. Recipients

* Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

### A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernandez, Steven A.</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

- **Identify one of the following:**
  - Ceremonial Role [ ]
  - Other [x]
  - Income [ ]

- **Ticket Policy Section 4.L, (Resolution No. 2009-22)**

- **Identify one of the following:**
  - Ceremonial Role [ ]
  - Other [ ]
  - Income [ ]

### C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

**Signature of Agency Head or Designee**
William B. Pattison, Jr.

**Print Name**
City Manager

**Title**
01/25/2018 (month, day, year)

**Comment:**