

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Coachella		Date Stamp 1-29-18 10:35:35	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1515 Sixth Street			
Area Code/Phone Number 760-398-3502	Email bpattison@coachella.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) William B. Pattison, Jr., City Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Hyde Morgan Development LLC

\_\_\_\_\_ Last Name First Name Name  
5900 Wilshire Blvd., 31st Floor Los Angeles CA 90036  
Address City State Zip Code

Future Coachella hotel site / economic development

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:

N/A	\$ 0.00	N/A	\$ 0.00
_____ Name	_____ Amount	_____ Name	_____ Amount

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

**3.1 (a) Travel Payment** Beijing, China November 19-23, 2015  
Location of Travel Dates (month, day, year)

United Airlines  Rail  Air  Bus  Auto  Other Hyatt Hotel  
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 582.37	\$ 0.00	\$ 11,150.40	\$ 0.00	\$ 11,732.77
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

**3.1 (b) Payment(s) not related to travel:** N/A \$ 0.00  
Dates (month, day, year) Total Expenses

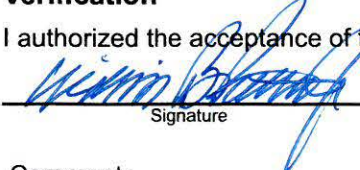
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.  
Reimbursement of expenditures to Beijing, China trip 2015 - future Coachella hotel / economic development

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

Garcia	David	City Manager	City Manager
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
Weber	Mark	Eco. Development Mgr.	Economic Development
_____ 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.

	William B. Pattison, Jr.	City Manager	01/29/18
_____ Signature	_____ Print Name	_____ Title	_____ (month, day, year)

Comment:

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