## 1. Agency Name
City of Coachella

Division, Department, or Region (if applicable)

Street Address
1515 Sixth Street

Area Code/Phone Number
760-398-3502

Email
bpattison@coachella.org

Agency Contact (name and title)
William B. Pattison, Jr., City Manager

## 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde</td>
<td>Morgan</td>
<td>Development LLC</td>
</tr>
</tbody>
</table>

Address
5900 Wilshire Blvd., 31st Floor

City
Los Angeles

State
CA

Zip Code
90036

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
<tr>
<td>N/A</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

### 3.1 (a) Travel Payment

**Location of Travel**
Beijing, China

**Dates**
November 19-23, 2015

**Transportation Provider**
United Airlines

**Lodging Provider**
Hyatt Hotel

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodging Expenses</td>
<td>$582.37</td>
</tr>
<tr>
<td>Meal Expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>Transportation Expenses</td>
<td>$11,150.40</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$11,732.77</td>
</tr>
</tbody>
</table>

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

**Dates**
November 19-23, 2015

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia</td>
<td>David</td>
<td>City Manager</td>
</tr>
</tbody>
</table>

### 4. Verification

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

Signature
William B. Pattison, Jr.

Print Name
City Manager

Title
City Manager

Date
01/29/18

FPPC Form 801 (Jan/18)

advice@fppc.ca.gov