Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

DEPARTMENT OF PARKS AND RECREATION

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

DEPARTMENT OF PARKS AND RECREATION

Designated Agency Contact *(Name, Title)*

Desiree Escobedo

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Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: 11/26/2025 *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐ Face Value of Each Ticket/Pass $ 40

Event Description: Joe Bataan & Quetzal *Provide Title/ Explanation* Date(s) 10/25/2025 10/25/2025

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: The Ford Theater *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■ If yes: _____ *Official's Name (Last, First)*

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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Department of Parks and Recreation ⊞	6	Retaining highly qualified County employees and recognizing their meritorious service

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

Alina Bokde — Signature of Agency Head or Designee

Alina Bokde — Print Name

Chief Deputy Director — Title

11/26/25 *(month, day, year)*

Comment: _____

Print Clear