

**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 Area Code/Phone Number 626-7356986		Date Stamp	California Form 802 For Official Use Only
E-mail DEscobedo@parks.lacounty.gov		☐ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>11/26/2025</u> (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100
Event Description: Golf Tickets Date(s) 10/17/2025 10/17/25
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: La Mirada Golf Course
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 ☒	1	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 Alina Bokde Chief Deputy Director 11/26/25
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear