

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

A Public Document

1. Agency Name DEPARTMENT OF PARKS AND RECREATION <i>Division, Department, or Region (if applicable)</i> DEPARTMENT OF PARKS AND RECREATION <i>Designated Agency Contact (Name, Title)</i> Desiree Escobedo		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number 626-7356986	E-mail DEscobedo@parks.lacounty.gov		
		☐ 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 \$ 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: Marshall Canyon 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 ☐ <i>If checking "Ceremonial Role" or "Other" describe below</i>
		Ceremonial Role ☐ Other ☐ Income ☐ <i>If checking "Ceremonial Role" or "Other" describe below</i>

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	Chief Deputy Director	11/26/25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____