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	E-mail
626-7356986	DEscobedo@parks.lacounty.gov

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 $ 100

Event Description: Golf Tickets *Provide Title/ Explanation*

Date(s) 10/17/2025 10/17/25

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: Mountain Meadows 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.

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

Comment: _____

Print Clear