

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

RECEIVED

<p><b>Amendment of Filing</b>  <input type="checkbox"/> Check box if an Amendment  <u>4/17/2022</u>  <small>(Month, Day, Year)</small></p>	<p>Date Stamp (Agency)                  95 '22 APR 19</p>	<p><b>CALIFORNIA FORM 803</b>                  712-32</p>
<p># _____                  Confirmation Number</p>		

**1. Elected Officer or CPUC Member** (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: <u>TODD ROGERS</u>	AGENCY NAME: <u>City of Lakewood</u>	AGENCY STREET ADDRESS: <u>5050 Clark Ave, Lakewood, CA</u>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <u>TODD ROGERS Council Member</u>	AREA CODE/PHONE NUMBER: <u>562-866-9771</u>	E-MAIL: <u>toddrogers@lakewoodcity.org</u>

**2. Payor Information** (For additional payors, include an attachment with the names, addresses, and proceeding information)

NAME: <u>DLK Educational Scholarship Trust</u>	ADDRESS: [REDACTED]	CITY: <u>Lakewood</u>	STATE: <u>CA</u>	ZIP CODE: <u>90713</u>
<input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS:		

**3. Payee Information** (For additional payees, include an attachment with the names, addresses and relationship information)

NAME: <u>Lakewood Education Foundation</u>	ADDRESS: [REDACTED]	CITY: <u>Lakewood</u>	STATE: <u>CA</u>	ZIP CODE: <u>90712</u>
For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.				
NAME AND TITLE:		ROLE WITH THE NONPROFIT ORGANIZATION:		BRIEF DESCRIPTION:

**4. Payment Information** (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
<u>4/7/22</u>	<u>10,000.00</u>	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	<u>Educational Foundation</u>
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	

The 4/7/22 is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

**5. Amendment Description and/or Comments** (Provide date of original filing or confirmation number in Part 1.)

**6. Verification**

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 4/17/2022 By Sally Rogers