

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment 4/17/2022 (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) 295 '22 APR 19	CALIFORNIA FORM 803 FIZ-32
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER:

TODD ROGERS

DESIGNATED CONTACT PERSON (NAME AND TITLE):

TODD ROGERS Council Member

AGENCY NAME:

City of Lakewood

AGENCY STREET ADDRESS:

5050 Clark Ave, Lakewood, CA

AREA CODE/PHONE NUMBER:

562-866-9771

E-MAIL:

todd.rogers@lakewoodcity.org

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

NAME:

DLK Educational Scholarship Trust

ADDRESS:

[REDACTED]

CITY:

Lakewood

STATE:

CA

ZIP CODE:

90713

☐ Donor Advised Fund (DAF)
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

☐ 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:

Lakewood Education Foundation

ADDRESS:

[REDACTED]

CITY:

Lakewood

STATE:

CA

ZIP CODE:

90712

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:
4/7/22	\$10,000.00	<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	Educational Foundation
		<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 _____ is an estimate and reflects my best efforts at obtaining the accurate information.
(DATE/AMOUNT)

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
DATE

By

Sally Rogers
SIGNATURE