

**Behested Payment Report**  
**A Public Document**

Type or Print in Ink.

<input type="checkbox"/> <b>Amendment of Filing</b> Check box if an Amendment
02 / 04 / 23 (Month, Day, Year)
# _____ Confirmation Number

Date Stamp (Agency)

3241 '23 FEB -6 P2:21

**CALIFORNIA**  
**FORM 803**

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

ELECTED OFFICER OR CPUC MEMBER:

Todd Rogers

AGENCY NAME:

City of Lakewood

AGENCY STREET ADDRESS:

5050 Clark Ave

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Todd Rogers, Council Member

AREA CODE/PHONE NUMBER:

(562) 866-9771

E-MAIL:

toddrogers@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:

Todd Rogers, Council Member

ROLE WITH THE NONPROFIT ORGANIZATION:

Founder and President

BRIEF DESCRIPTION:

unpaid founder and president of the LEF

**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:
02/03/2023	\$10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	N/A	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Support of the educational experience for Lakewood students
		<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  
(DATE/AMOUNT)  
information.

REASON FOR ESTIMATE:

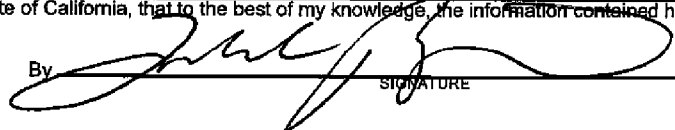
**5. Amendment Description and/or Comments** (Provide date of original filing or confirmation number in Part 1.)

**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 2/4/2023  
DATE

By

  
SIGNATURE

FPPC Form 803 (February/2022)  
advice@fppc.ca.gov