Statement of	Organization			Date Stamp	CALIFORNIA 440
Recipient Con	nmittee			RECEMFD	FORM 410
Statement Type	✓ Initial○ Not yet qualified	☐ Amendment	☐ Termination – See Part 5	20 Jons	For Official Use Only
	or O Date qualification threshold met	Date qualification threshold met	1 7 Date of termination	71 <u>-21 DEC 36</u> AI	1 :30
1 Committee	/	/	/	LATELAN VOC	
NAME OF COMMITTEE	e Information I.D. Numbe	er 	2. Treasurer and	Other Principal Officers	
ROGERS FOR C	COUNCIL 2022		NAME OF TREASURER SALLY ROGERS		
			STREET ADDRESS (NO A.O. BOX)		
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STREET ADDRESS (NO P.O.	eox)				
			NAME OF ASSISTANT TREASURER, I	FANY	
FULL MAILING ADDRESS (II	FDIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
F-MAII ADDRESS (REQUIRE			CITY	SIAH	71P CODE AREA CODE/PHORE
TSRR@MSN.CO	<u> </u>				:
LOS ANGELES	CITY OF LAKEW		NAME OF PRINCIPAL OFFICER(S)		
			STREET ADDRESS (NO E.G. BOR)		
	information on appropriately lab	eled continuation sheets.	CIIA	AVIL	ZIP CODE AREA CODE/PHONE
				A CONTRACTOR OF THE CONTRACTOR	
I have used all rea	sonable diligence in preparing the	is statement and to the best	of my knowledge the informatio	on contained herein is true a	nd complete. I certify under
19/96	under the laws of the State of C	amornia unat the foregoing is	true and correct.		
executed on	DATE By		ATURE OF TREASURER OR ASSISTANT TREASURER		
Executed on 12/25	/2021 By	July 5	ALOUE OF THE ASSESSMENT THE ASSESSMENT REPORTED TO		
Executed on	DATE By		CLING OFFICEROLDER, CANDIDATE, OR STALL MILE		
Executed on	By	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE ₱ROPONENT	
	DATE	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONI NT	

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Statement of Organization Recipient Committee Instructions on reverse		CALIFORNIA 410						
						Page 2		
ROGERS FOR COUNCIL 2022	I.D. NUMBER							
All committees must list the financial institution where the	campaign ba	ank account is located	J <u>.</u>					
NAME OF FINANCIAL INSTITUTION FARMERS AND MERCHANTS BANK		CODE/PHONE	BANK ACC	OUNT NUMBER				
	562	6028378						
ADDRESS	CHY		STALF		ZIP CODE	"-		
4909 LAKEWOOD BOULEVARD	LAF	KEWOOD	CA		90712			
ter a principal control of the second of the				·*·				
Controlled Committee								
 List the name of each controlling officeholder, candidate, or salso list the elective office sought or held, and district number List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee 	r, if any, and ate is affiliate	the year of the election the charting of the c	on. san." Stating "No p	arty prefer	ence" is acce			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGH (INCLUDE DISTRICT NUMBER		YEAR OF ELECTION	PAR CHECK			
TODD ROGERS	LAKEW	VOOD CITY COUNC	IL, DISTRICT I	2022	Nonpartisan	Partisan	(list political pa	rty below)
					Nonpartisas	Partisan	(list political pa	rty below)
Primarily Formed Committee Primarily formed to support or	oppose spec	tific candidates or me	asures in a single el	ection. Lis	t below:	-		
CANDIDATE(S) NAME OR MEASURE(S) FULL THIF (INCLUDE BALLOT NO. OR LI IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	ETTER)	CANDIDATE (INC	(S) OFFICE SOUGHT OR H UDE DISTRICT NO., CITY	ELD OR MEASI OR COUNTY, AS	JRE(S) JURISDICTI S APPLICABLE)	ON	снеск	ONE
						-	SUPPORT	OPPOSE
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Statement of (F	ECEIVED AND FILE	CALIFORNIA 440
Recipient Con				the office of the Secretary of Star of the State of California	FORM 410
Statement Type	☐ Initial ☐ Not yet qualified	☑ Amendment	☐ Termination – See Part	JAN 03 2022	For Official Use only OUN 2022 JAN 13 AM 9: 1.0
	O Date qualification threshold met	Date qualification threshold met	Date of termination		2022 JAN 13 AM 9: 40 CAMPAIGN FINANCE
	//	//	//		11101
1. Committee	e Information I.D. Number	er 1230501	2. Treasurer an	d Other Principal Officers	
NAME OF COMMITTEE			NAME OF TREASURER	the state of the s	
ROGERS FOR C	COUNCIL 2017		SALLY ROGERS		
STREET ADDRESS (NO PO	ROX)				NE
			NAME OF ASSISTANT TREASUR	ER, IF ANY	
FULL MAILING ADDRESS (F DIFFERENT)		STREET ADDRESS (NO P.O. BOX	}	
E-MAIL ADDRESS (REQUIR TSRR@MSN.CO			СІТҮ	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(5)	
LOS ANGELES	N/A			<u> </u>	
			STREET ADDRESS (NO P.O. BOX)	l	
Attach additiona	l information on appropriately la	beled continuation sheets.	спу	STATE	ZIP CODE AREA CODE/PHONE
3. Verification	n	The second secon			
I have used all re	asonable diligence in preparing t	his statement and to the bes	t of my knowledge the inform	ation contained herein is true a	nd complete. I certify under
penalty of perjur	y under the laws of the State of (California that the foregoing i	s true and correct.		, a
Executed on	24/2021 By	Sally Ros			
Executed on	24/2021 By	July &	SHATURE OF TREASURER OR ASSISTANT TREAS		
Even eveted		SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATI	E MEASURE PROPONENT	<u>-</u>
Executed on	DATE By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATI	E MEASURE PROPONENT	
Executed on	By				
	DOIL	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT	

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Statement of Organization Recipient Committee						CALIF FO	ORNIA 4	10
INSTRUCTIONS ON REVERSE						Page 2		_
OMMITTEE NAME ROGERS FOR COUNCIL 2017 1230								
 All committees must list the financial institution where the or 	ampaign ba	nk account is located.						
NAME OF FINANCIAL INSTITUTION FARMERS AND MERCHANTS BANK		028378	BANK ACCO	JNT NUMBER			•	
ADDRESS	CITY	.	STATE	z.	P CODE			
4909 LAKEWOOD BOULEVARD	LAK	EWOOD	CA	!	90712			
4. Type of Committee Complete the applicable sections	5,	and the second s		19 76				<u> </u>
Controlled Committee					•			
 List the name of each controlling officeholder, candidate, or st also list the elective office sought or held, and district number 			or officeholde	controlled	l,			
List the political party with which each officeholder or candida	ite is affiliate	ed or check "nonpartisan."	Stating "No pa	arty prefere	ence" is accep	table		
If this committee acts jointly with another controlled committ	ee, list the n	ame and identification nu	mber of the ot	ner control	led committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR INCLUDE DISTRICT NUMBER IF AP		YEAR OF ELECTION	PART CHECK			
TODD ROGERS	LAKEW	OOD CITY COUNCIL		2017	Nonpartisan	Partisan	(list political par	ty below)
		·			Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or	oppose spec	ific candidates or measur	es in a single el	ection. Lis	t below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LI IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	ETTER)	CANDIDATE(S) O	FICE SOUGHT OR H DISTRICT NO., CITY (ELD OR MEASU	RE(S) JURISDICTI	ON	CHECK	ONE
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Statement Type	☐ Initial	☐ Amendment	✓ Termination – See Part :	— Of the State of Colfornia	For Official Use Only							
	O Not yet qualified			JAN 03 2022	2022 JAN 13 AM 9: 4							
	O Date qualification threshold	met Date qualification threshold met	Date of termination		CAMPAIGH FINANC							
			12 / 24 / 2021		CAMERIA MENTER LICEN							
1. Committe	e Information I.D. Nun	nber 1230501	2. Treasurer an	d Other Principal Officers								
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER	and the second control of the second control								
ROGERS FOR C	COUNCIL 2017		SALLY ROGERS	SALLY ROGERS								
			STREET ADDRESS (NO BO BOX	νι								
STREET ADDRESS (NO PO	BOXI				E							
			NAME OF ASSISTANT TREASUR	RER, IF ANY								
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX	XI .								
E-MAIL ADDRESS (REQUIR TSRR@MSN.CC		* • •	СІТУ	STATE	ZIP CODE AREA CODE/PHONE							
COUNTY OF DOMICILE		COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER	(5)								
LOS ANGELES	N/A		STREET ADDRESS (NO P.O. BO)	<u>, </u>								
				4								
Attach additiona	l information on appropriate	y labeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE							
3. Verificatio	n		the second second	Ę								
I have used all re	asonable diligence in prepar	ng this statement and to the be	st of my knowledge the inform	nation contained herein is true	and complete. I certify under							
		of California that the foregoing			·							
Executed on	24/2021 By	Sally K	9000									
Executed on	24/2021 By	July 1	IGNATURE OF TREASUREN OR ASSISTANT TREA									
Executed on	DATE By		ROLLING OFFICEHOLDER, CANDIDATE, OR STAT		 							
Executed on	By	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROPONENT								

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Statement of Organization Recipient Committee				CALIFO FOR		10		
INSTRUCTIONS ON REVERSE						Page 2		
ROGERS FOR COUNCIL 2017						1.D. NUMBER 1230601		
All committees must list the financial institution where the can	ıpaign ba	nk account is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOUN	NT NUMBER	<u> </u>			
FARMERS AND MERCHANTS BANK	5626	028378						
ADDRESS	CITY		STATE	ZII	CODE			
4909 LAKEWOOD BOULEVARD	LAK	EWOOD	CA	9	0712			
4. Type of Committee Complete the applicable sections.				Į.				
Controlled Committee								
 List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if 				controlled	,			
List the political party with which each officeholder or candidate	is affiliate	ed or check "nonpartisa	an." Stating "No pa	rty prefere	nce" is accep	ptable		
If this committee acts jointly with another controlled committee,	, list the n	ame and identification	number of the oth	er controll	ed committe	ee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT (INCLUDE DISTRICT NUMBER I		YEAR OF ELECTION	PAR CHECK			
TODD ROGERS	CITY C	OUNCIL		2017	Nonpartisan	Partisan	(list political part	y below)
					Nonpartisan	Partisan	(list political part	y below)
		 		<u> </u>		<u></u>		
Primarily Formed Committee Primarily formed to support or op	pose spec	cific candidates or mea	sures in a single ele	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ER)		S) OFFICE SOUGHT OR HE UDE DISTRICT NO., CITY OF			ION	CHECK	DAIC
A A RECALL, STATE RECALL IN FRONT OF THE OFFICE OCCUPANTION.	<u>-</u>	Hinory	JUE DISTRICT NO., CIT. O.	K COUNTI, AS	AFFEICAGCE		SUPPORT	OPPOSE
	<u>.</u>							
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Statement of				RECEIDate-Stamp	CALIFORNIA 445
Recipient Cor			1—	in the office of the Secretary of the State of California	of FORM 4 1
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5		CAMPAIGN FINANCE
	O Not yet qualified or			NOV 15 2021	CAMPAIGN EULA
	O Date qualification thresho	old met Date qualification threshold met	Date of termination		MANDE
	·/	11 / 08 / 2000			
1. Committe	e Information I.D. N	umber 1230501	2. Treasurer and	Other Principal Officer	Š
NAME OF COMMITTEE	in applica		NAME OF TREASURER		
Rogers for Cour	ncil 2022		Sally Rogers		
			CTREET ADDRESS INO BOY		
_					
CTREET ADDRESS (NO. 1)	n dayl				NE
			NAME OF ASSISTANT TREASURE	R, IF ANY	
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	· · · · · ·	
Same					
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIO NAL)		CITY	STATE	ZIP CODE AREA CODE/PHONE
tsrr@msn.com	E ILIBISDICTION W	HERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	····	
Los Angeles	N/A	TERE COMMITTEE IS ACTIVE	NAIME OF PRINCIPAL OFFICEN(S)	•	
			STREET ADDRESS (NO P.O. BOX)	V	
Attach additions	al information on approprie	itely labeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verificatio	n				
I have used all re	easonable diligence in prep	paring this statement and to the be	st of my knowledge the informa	ation contained herein is true	e and complete. I certify under
		ate of California that the foregoing			
Executed on	/11/2021 By _	$=$ ≤ 000	Kon		
11/	DATE 11/2021	711	MATURE OF TREASURED ASSISTANT TREASU	JRER	
Executed on	DATE By_	SIGNATING OF CONT	PROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
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	DATE	SIGNATURE OF CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
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	BOLE .	SIGNAL ORE OF CON-	INVILING OFFICERULUES, CAMPIDALE, US STAIR	E MICHAUNE FROFUNCIAL	

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Statement of Organization Recipient Committee		CALIFORNIA 410							
INSTRUCTIONS ON REVERSE						Page 2	age 2		
Rogers for Council 2022						1.0. NUMBER 1230501			
All committees must list the financial institution where the ca	ımpaign ba	ink account is located							
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOS	UNT NUMBER	<u>., </u>				
Farmers and Merchants Bank	5626	3028378							
ADDRESS	CITY		STATE	ZI	P ÇODE				
4909 Lakewood Boulevard	Lake	ewood	CA	9	90712				
4. Type of Committee Complete the applicable sections	The second of th								
Controlled Committee									
 List the name of each controlling officeholder, candidate, or sta also list the elective office sought or held, and district number, 				r controlled	,				
 List the political party with which each officeholder or candida 	te is affiliate	ed or check "nonparti	san." Stating "No pa	arty prefere	ence" is accep	table			
If this committee acts jointly with another controlled committee	e, list the n	name and identification	n number of the ot	her control	led committe	e.			
NAME OF CANDIDATE/OFFICEH OLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBER		YEAR OF ELECTION	PART CHECK		_		
Todd Rogers	Lakewo	od City Council Men	ber District 1	2022	Nonpartisan	Partisan	(list political par	(list political party below)	
					Nonpartisan	Partisan	(list political par	ty below)	
Primarily Formed Committee Primarily formed to support or o	oppose spe	cific candidates or me	asures in a single el	lection. Lis	t below:		_		
CANDIDATE(S) NAME OR MEAS U RE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TTER}		E(S) OFFICE SOUGHT OR H LUDE DISTRICT NO., CITY			ON	CHECK	ONE	
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