

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp  
RECEIVED  
20 JUN 5  
1771 21 DEC 36 AM 1:30

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>ROGERS FOR COUNCIL 2022</b>				NAME OF TREASURER <b>SALLY ROGERS</b>			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>TSRR@MSN.COM</b>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>LOS ANGELES</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>CITY OF LAKEWOOD</b>			CITY	STATE	ZIP CODE	AREA CODE/PHONE
<i>Attach additional information on appropriately labeled continuation sheets.</i>				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/25/2021 By Sally Rogers  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/25/2021 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>ROGERS FOR COUNCIL 2022</b>	I.D. NUMBER
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**All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION <b>FARMERS AND MERCHANTS BANK</b>	AREA CODE/PHONE <b>5626028378</b>	BANK ACCOUNT NUMBER
ADDRESS <b>4909 LAKEWOOD BOULEVARD</b>	CITY <b>LAKEWOOD</b>	STATE <b>CA</b>
		ZIP CODE <b>90712</b>

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
TODD ROGERS	LAKEWOOD CITY COUNCIL, DISTRICT 1	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

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of the State of California

**CALIFORNIA FORM 410**  
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2022 JAN 13 AM 9:40  
CAMPAIGN FINANCE

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination - See Part 5 Date of termination
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1. Committee Information		I.D. Number 1230501 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE ROGERS FOR COUNCIL 2017		NAME OF TREASURER SALLY ROGERS		NAME OF ASSISTANT TREASURER, IF ANY	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) TSRR@MSN.COM		NAME OF PRINCIPAL OFFICER(S)		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE LOS ANGELES	JURISDICTION WHERE COMMITTEE IS ACTIVE N/A	STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE	

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/24/2021 By Sally Rogers  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/24/2021 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>ROGERS FOR COUNCIL 2017</b>	I.D. NUMBER <b>1230501</b>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>FARMERS AND MERCHANTS BANK</b>	AREA CODE/PHONE <b>5626028378</b>	BANK ACCOUNT NUMBER <b>[REDACTED]</b>	
ADDRESS <b>4909 LAKEWOOD BOULEVARD</b>	CITY <b>LAKEWOOD</b>	STATE <b>CA</b>	ZIP CODE <b>90712</b>

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<b>TODD ROGERS</b>	<b>LAKEWOOD CITY COUNCIL</b>	<b>2017</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

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of the State of California

Date Stamp  
**JAN 03 2022**

**CALIFORNIA FORM 410**  
For Official Use Only  
**2022 JAN 13 AM 9:40**  
CAMPAIGN FINANCE

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input type="checkbox"/> Amendment  Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Termination – See Part 5  Date of termination <b>12 / 24 / 2021</b>
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1. Committee Information		I.D. Number 1230501 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <b>ROGERS FOR COUNCIL 2017</b>		NAME OF TREASURER <b>SALLY ROGERS</b>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)	
FULL MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>TSRR@MSN.COM</b>		NAME OF PRINCIPAL OFFICER(S)		AREA CODE/PHONE	
COUNTY OF DOMICILE <b>LOS ANGELES</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>N/A</b>	STREET ADDRESS (NO P.O. BOX)		CITY	
Attach additional information on appropriately labeled continuation sheets.		STATE		ZIP CODE	AREA CODE/PHONE

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/24/2021 By Sally Rogers  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/24/2021 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>ROGERS FOR COUNCIL 2017</b>	I.D. NUMBER <b>1230601</b>
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**All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION <b>FARMERS AND MERCHANTS BANK</b>	AREA CODE/PHONE <b>5626028378</b>	BANK ACCOUNT NUMBER <b>[REDACTED]</b>
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ADDRESS <b>4909 LAKEWOOD BOULEVARD</b>	CITY <b>LAKEWOOD</b>	STATE <b>CA</b>	ZIP CODE <b>90712</b>
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**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<b>TODD ROGERS</b>	<b>CITY COUNCIL</b>	<b>2017</b>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 11 / 08 / 2000	<input type="checkbox"/> Termination – See Part 5 Date of termination
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of the State of California

NOV 15 2021

CALIFORNIA FORM 410 COUNTY  
FORM 410  
NOV 15 4:29 PM  
CAMPAIGN FINANCE

<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number 1230501 <small>(if applicable)</small>		NAME OF TREASURER Sally Rogers	
NAME OF COMMITTEE Rogers for Council 2022		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT) Same		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) tsrr@msn.com		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE N/A	NAME OF PRINCIPAL OFFICER(S)	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)	
		CITY STATE ZIP CODE AREA CODE/PHONE	

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/11/2021 By Sally Rogers  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/11/2021 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <b>Rogers for Council 2022</b>	I.D. NUMBER <b>1230501</b>
--------------------------------------------------	-------------------------------

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Farmers and Merchants Bank</b>	AREA CODE/PHONE <b>5626028378</b>	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS <b>4909 Lakewood Boulevard</b>	CITY <b>Lakewood</b>	STATE <b>CA</b>	ZIP CODE <b>90712</b>
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**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

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- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Todd Rogers	Lakewood City Council Member District 1	2022	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE