

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) 5603 25 FEB 12 A7:47	CALIFORNIA FORM 803
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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
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME: [REDACTED]	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: 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 foundation		

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:
01/21/25	\$10,000.00	<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 type="checkbox"/> CHARITABLE	Support the educational experience of 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 _____ (DATE/AMOUNT) 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 2/10/2025
DATE

By [REDACTED]
SIGNATURE