CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Wapner	Alan	D.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Ontario

Division, Board, Department, District, if applicable
City Council

Your Position
Mayor pro Tem

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: See Attached Position:

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2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County
- ☐ County of
- ☒ City of Ontario
- ☐ Other

3. Type of Statement *(Check at least one box)*

- ☒ **Annual:** The period covered is January 1, **2021,** through December 31, **2021.**
  -or-
  The period covered is ____/____/____, through December 31, **2021.**
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____ *(Check one circle.)*
  - ☐ The period covered is January 1, **2021,** through the date of leaving office.
  - -or-
  - ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Date of Election ____ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 4

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☑ **Schedule D** - *Income – Gifts* – schedule attached
- ☑ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
[redacted]				

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that [redacted]

Date Signed 3/28/2022 (month, day, year)

Signatur [redacted] *(File the originally signed paper statement with your filing official.)*

Print Clear

FORM 700 – STATEMENT OF ECONOMIC INTERESTS
EXPANDED STATEMENT FOR

ALAN D. WAPNER

1. Agency: Successor Agency to the Ontario Redevelopment Agency
   Position: Vice Chair
   Jurisdiction: City of Ontario

2. Agency: Ontario Housing Authority
   Position: Authority Vice Chair
   Jurisdiction: City of Ontario

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Alan Wapner

▶ NAME OF SOURCE *(Not an Acronym)*: Best Best & Krieger, LLP

ADDRESS *(Business Address Acceptable)*: 3390 University Avenue, Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/6/21	$124.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: John McGraw

ADDRESS *(Business Address Acceptable)*: 835 W. State Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Self Storage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/30/21	$150.00	Used Exercise Equip.
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Outfront Media

ADDRESS *(Business Address Acceptable)*: 405 Lexington Ave., New York, NY 10174

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Outdoor Advertising

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/20/21	$100.00	Dodger Ticket
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*:

ADDRESS *(Business Address Acceptable)*:

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*:

ADDRESS *(Business Address Acceptable)*:

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*:

ADDRESS *(Business Address Acceptable)*:

BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Alan Wapner

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
League of California Cities

ADDRESS *(Business Address Acceptable)*
1400 K Street

CITY AND STATE
Sacramento

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 7/15/21 - 7/16/21 *(If gift)* AMT: $ 360.91

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

● Other - Provide Description Travel, meals & lodging for volunteer services as a member of League of CA Cities

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

Print **Clear**