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

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

- ☑ **Annual:** The period covered is January 1, 2022, through December 31, 2022.
  -or-
  The period covered is __/__/__, through December 31, 2022.
- ☐ **Assuming Office:** Date assumed __/__/__
- ☐ **Leaving Office:** Date Left __/__/__ *(Check one circle.)*
  - ☐ The period covered is January 1, 2022, 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 (required)

► ***Total number of pages including this cover page:*** 3

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]				

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 th [redacted]

Date Signed 3-21-23 *(month, day, year)*

Signature [redacted] *(your filing official.)*

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 of 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)*
Ontario Reign

ADDRESS *(Business Address Acceptable)*
3633 Inland Empire Blvd., Suite 130 Ontario, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Hockey

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/03/22	$300.00	Jersey
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Atlas Advocacy

ADDRESS *(Business Address Acceptable)*
1242 E Street NE, Lowe Level Washington DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Federal Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/3/22	$100.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Townswend Public Affairs

ADDRESS *(Business Address Acceptable)*
600 Pennsylvania Ave.,SE Washington DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/13/22	$75.00	Meals
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
San Antonio Winery

ADDRESS *(Business Address Acceptable)*
2802 S Miliken Ave. Ontrario, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/16/22	$150.00	Wine
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
USC Sports Properties

ADDRESS *(Business Address Acceptable)*
3501 Watt Way Heritage Hall, L124 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
College Sports Promotions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/29/22	$159.00	Football Helmet
/ /	$	
/ /	$	

▶ 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: