

**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

Your Position

City Council

Council Member

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

Agency: _____ Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2022 SEP -9 PM 4:25

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.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, 2021.

☐ The period covered is January 1, 2021, through the date of
leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/_____, through
the date of leaving office.

☒ **Candidate:** Date of Election 11/8/2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

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

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 the foregoing is true and correct.

Date Signed 8/10/2022
(month, day, year)

Signature _____

(ment with your filing official.)

Print

Clear

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Alan D. Wapner

▶ NAME OF SOURCE (Not an Acronym) Atlas Advocacy		
ADDRESS (Business Address Acceptable) 1242 E Street Northeast, Lower 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	Meal
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) Outfront Media		
ADDRESS (Business Address Acceptable) 1731 Workman St, Los Angeles, CA 90007		
BUSINESS ACTIVITY, IF ANY, OF SOURCE Outdoor Advertising		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 18 / 22	300.00	Baseball Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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) Ontario Reign Professional Hockey		
ADDRESS (Business Address Acceptable) 901 Via Piemonte, Suite 370 Ontario, CA 91764		
BUSINESS ACTIVITY, IF ANY, OF SOURCE Professional Hockey		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 3 / 22	300.00	Jersey
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym) Townsend Public Affairs		
ADDRESS (Business Address Acceptable) 1401 Dove St Suite 330, Newport Beach, CA 92660		
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)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

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Clear