CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Wapner	Alan	D.

24 APR -9 PM 3:56
FPPC POLITICAL REFORM DIVISION

1. Office, Agency, or Court

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

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

Your Position
Council Member

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

Agency: _____ Position: _____

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, 2023, through December 31, 2023.
  -**or-**
  The period covered is ____/____/_____, through December 31, 2023.
- ☐ **Assuming Office:** Date assumed ____/____/_____
- ☐ **Leaving Office:** Date Left ____/____/_____ *(Check one circle.)*
  - ☐ The period covered is January 1, 2023, 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

[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this [redacted] knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is [redacted]

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

Date Signed 3-25-24 (month, day, year)

Signatur [redacted] (r statement with your filing official.)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Alan D. Wapner

► NAME OF SOURCE *(Not an Acronym)*
Dietz Towing

ADDRESS *(Business Address Acceptable)*
1300 E. Holt Blvd., Ontario, CA 91764

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Towing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 23 23	$ 200.00	Mechanical Repairs
__/__/__	$	
__/__/__	$	

► 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)*
Townsend Public Affairs

ADDRESS *(Business Address Acceptable)*
600 Pennsylvania Ave., SE Washington DC, 20003

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocay

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 27 23	$ 100.00	Dinner
__/__/__	$	
__/__/__	$	

► 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)*
USC Sports Properties

ADDRESS *(Business Address Acceptable)*
3501 Watt Way Heritage Hall, L124L, LA, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Marketing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 27 23	$ 130.00	Headphones
__/__/__	$	
__/__/__	$	

► 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:

FORM 700 – STATEMENT OF ECONOMIC INTERESTS
EXPANDED STATEMENT FOR

ALAN D. WAPNER

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

2. Agency: Ontario Housing Authority
   Position: Authority Member
   Jurisdiction: City of Ontario