CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 01/20/2025 06:01 PM
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Please type or print in ink.

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 Member

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

Agency: SEE ATTACHED LIST 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, **2024,** through December 31, **2024**.

-or-

The period covered is _____/_____/_____, through December 31, **2024**.

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

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

◯ The period covered is January 1, **2024**, 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

[redacted]

DAYTIME TELEPHONE NUMBER [redacted] EMAIL ADDRESS [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 the foregoing is true and correct.

Date Signed 01/20/2025 06:01 PM *(month, day, year)*

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Alan Wapner

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Southern CA Assn. of Governments		Regional Council Member	SEE BELOW	Annual	01/01/24 - 12/31/24

DESCRIPTION OF JURISDICTION

Agency: Southern CA Assn. of Governments

Jurisdiction Type: Multi-county

Description: Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Alan Wapner

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Ginda Singh
ADDRESS *(Business Address Acceptable)*: 1150 Natalie Lane Watsonville, CA 95076
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 23 / 24	$ 259.00	Alcohol
___/___/___	$____	____
___/___/___	$____	____

► NAME OF SOURCE *(Not an Acronym)*: Precision Advocacy
ADDRESS *(Business Address Acceptable)*: 921 11th Street , 8th Floor
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 24	$ 75.00	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)*
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: ____________________