

**Statement of Organization
Recipient Committee**

Statement Type

☒ **Initial**

☐ Not yet qualified
or

☒ Date qualification threshold met

7 / 1 / 2025

☐ **Amendment**

Date qualification threshold met

☐ **Termination – See Part 5**

Date of termination

Date Stamp

CITY CLERK'S OFFICE
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**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

Pending

NAME OF COMMITTEE

Wapner for Mayor 2026

STREET ADDRESS (NO P.O. BOX)

CITY

Ontario

STATE

CA

ZIP CODE

91761

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

San Bernardino

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Ontario

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Alan Wapner

STREET ADDRESS (NO P.O. BOX)

CITY

Ontario

STATE

CA

ZIP CODE

91761

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that this information is true and correct.

Executed on 7/1/2025

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/1/2025

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME

Wapner for Mayor 2026

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Ontario Public Employees Federal Credit Union

AREA CODE/PHONE

909/984-8781

BANK ACCOUNT NUMBER



ADDRESS OF FINANCIAL INSTITUTION

202 West B Street

CITY

Ontario

STATE

CA

ZIP CODE

91762

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Alan Wapner	Mayor	2026	Nonpartisan ✓	Partisan	(list political party below)
Wapner for Council District 3 2026	City Council Member	2026	Nonpartisan ✓	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE